



San Joaquin County 2022 Community Health Needs Assessment

MAY 2022

Table of Contents

- Executive Summaryi
- I. Introduction/Background..... 1
 - A. Purpose of the Community Health Needs Assessment (CHNA) Report1
 - B. Description of the CHNA Process.....2
- II. Community Served..... 2
 - A. Definition of Community Served2
 - B. Map and Description of Community Served3
- III. Who Was Involved in the Assessment? 6
 - A. Identity of Partner Organizations that Collaborated on the Assessment6
 - B. Identity and Qualifications of Consultants Used to Conduct the Assessment8
- IV. Process and Methods Used to Conduct the CHNA 9
 - A. Secondary Data9
 - B. Community Input.....10
 - C. Written Comments13
 - D. Data Limitations and Information Gaps13
- V. Priority Neighborhoods 14
- VI. Identification and Prioritization of the Community’s Health Needs 16
 - A. Identifying Community Health Needs16
 - B. Criteria and Process Used for Prioritization of Health Needs17
 - C. Prioritized Description of Health Needs Identified through the CHNA18
 - D. Community Resources Potentially Available to Respond to the Identified Health Needs 21
- VII. Profiles 22
 - A. Priority Neighborhood Profiles.....22
 - B. Health Need Profiles65
- VIII. Appendices 87
 - Appendix A: CHNA Secondary Data Indicator Definitions, Data Sources and Dates88
 - Appendix B: San Joaquin County CHNA Secondary Data Table99
 - Appendix C: Community Input Tracking Form.....104
 - Appendix E: Focus Group Screener and Guide112
 - Appendix F: Annotated Bibliography of San Joaquin County Reports and Assessments ...115
 - Appendix G: Community Resources124

Executive Summary

San Joaquin County is one of California’s fastest growing counties; it includes seven cities, many small towns, and a number of rural farm and ranching communities. County residents are diverse, including Latinx, White, Asian, Black/African American, multiethnic, Native Hawaiian/Pacific Islander and American Indian/Alaskan Native populations. San Joaquin is a county of contrasts, home to economic and community growth opportunities and a variety of assets and resources to support health, while facing significant challenges in terms of economic security and health inequities.

The San Joaquin County 2022 Community Health Needs Assessment (CHNA) presents a comprehensive picture of community health that encompasses the conditions that impact health in the County. The overall goal of the CHNA is to inform and engage local decision-makers, key stakeholders, and the community-at-large in efforts to improve the health and well-being of all San Joaquin County residents. From data collection and analysis to the identification of prioritized needs, the development of the 2022 CHNA report has been an inclusive and comprehensive process guided by a Core Team planning group and broadly representative Steering Committee, with input from hundreds of community residents. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone in the community.

Conducting a CHNA every three years has been a California requirement for nonprofit hospitals for more than 20 years and is now a national requirement for Public Health Accreditation. San Joaquin County’s CHNA is unique in that all of its non-profit hospitals, the local health department and key stakeholders join together to support one countywide assessment. The process in 2022 included interviews with 10 key informants, 29 focus group discussions with 291 diverse community residents, and data analyses of over 100 indicators, creating a robust picture of the issues affecting people’s health where they live, work, and play.

The 2022 CHNA process applied a social determinants of health framework and examined San Joaquin County’s social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the top health needs for the County. This CHNA report places particular emphasis on the health issues and contributing

CHNA Health Needs

Highest Priority

- Mental Health
- Access to Care
- Income and Employment

Medium Priority

- Housing
- Chronic Disease/HEAL
- Community Safety

Lower Priority

- Family and Social Support
- Education
- Transportation

factors that impact historically underserved populations that disproportionately have poorer health outcomes across multiple health needs. It explored disparities for populations residing in specific geographic areas referred to as “Priority Neighborhoods”, as well as disparities among the County’s diverse ethnic populations. These analyses will inform intervention strategies to promote health equity.

Through a comprehensive process combining findings from demographic and health data as well as community leader and resident input, nine health needs were identified (see box). Through a multi-step prioritization, the following three health needs emerged as the highest priorities for San Joaquin County:

Mental Health/Behavioral Health Including Substance Use: Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Residents of San Joaquin County experience more days of poor mental health per month and have a higher rate of deaths by suicide, drug overdose and alcohol poisoning combined than the California average, with significantly fewer mental health care providers available. Key informants and focus group participants stressed the urgency of increasing access to mental health and substance use treatment and services by addressing the barriers presented by cost, lack of insurance, transportation, language/cultural competency and social stigma.

Access to Care: Access to comprehensive, quality healthcare is important for health and for increasing the quality of life for everyone in San Joaquin County. The health care provider shortage within the County can lead to poor health outcomes, which are particularly notable among pregnant and postpartum women of color and their babies. Key informants and focus group participants described the difficulties residents experience in accessing medical, dental and specialty care due to a lack of providers or available appointments, inadequate insurance coverage, language/cultural barriers and the cost of services, co-pays, insurance and prescriptions.

Income and Employment: People with steady employment are less likely to have an income below poverty level and more likely to be healthy. San Joaquin County’s higher unemployment, lower average income and pervasive poverty, especially among people of color, affect opportunities and behaviors that exacerbate chronic disease and disability, reduce food security, limit healthy food and physical activity choices, erode mental health, and impact substance use. Key informants and focus group participants reported extensive job loss as a result of the COVID-19 pandemic, which disproportionately affected historically underserved communities and threatened residents’ ability to maintain housing, provide their families with healthy foods, and access medical care.

For the 2019 CHNA, community members identified Chronic Disease/Healthy Eating Active Living as their top health issue. There has been progress on this health need but there is much more to do. As a result, it remains a priority and will be addressed in the subsequent development of the Community Health Improvement Plan (CHIP).

Additional health needs that were explored during the CHNA, including Chronic Disease/Healthy Eating Active Living, are described in the full report.

San Joaquin County will use the results of this CHNA to drive the development of a CHIP. The CHIP will identify strategies and actions to address health needs using a collaborative approach. It will leverage resources and skills from a variety of County organizations and agencies to maximize the potential for a collective impact that results in concrete changes for County residents. Community partners across the County will work together to set priorities and coordinate and target resources.

Additionally, the hospitals involved in the CHNA will each develop a complementary Implementation Strategy (IS) plan to outline how they will address priority health needs. These strategies will build on a hospital's own assets and resources, as well as on evidence-based strategies and best practices, wherever possible. Their IS will be filed with the Internal Revenue Service. Both the San Joaquin County CHNA and the IS report, once finalized, will be posted publicly on each of the hospitals' websites.

The 2022 CHNA report and the subsequent CHIP will be available at www.healthiersanjoaquin.org

I. Introduction/Background

The San Joaquin County 2022 Community Health Needs Assessment (CHNA) presents a comprehensive picture of community health that encompasses the conditions that impact health in the County. The overall goal is to inform and engage local decision-makers, key stakeholders, and the community-at-large in efforts to improve the health and well-being of all San Joaquin County residents.

The San Joaquin County community has a long tradition of working collaboratively and has conducted a joint triennial CHNA for many years. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone in the community.

San Joaquin County will use the results of this CHNA to drive the development of a joint Community Health Improvement Plan (CHIP), which will identify long-term, systematic strategies and actions to address health needs. Community partners across the County will work together to set priorities and coordinate and target resources. The 2022 CHNA report will be available at www.healthiersanjoaquin.org.

Additionally, the hospitals involved in the CHNA will each develop an Implementation Strategy (IS) plan to outline how they will be addressing priority health needs. These strategies will build on a hospital's own assets and resources, as well as on evidence-based strategies and best practices, wherever possible. Their IS will be filed with the Internal Revenue Service. Both the CHNA and the IS reports, once finalized, will be posted publicly on each of the hospitals' websites.

A. Purpose of the Community Health Needs Assessment (CHNA) Report

Conducting a triennial CHNA has been a California requirement for nonprofit hospitals for more than 25 years (SB 697). The Patient Protection and Affordable Care Act (ACA) adopted a federal model similar to regulations already in place in California, making the CHNA a national mandate for nonprofit hospitals to maintain their tax-exempt status. Section 501(r) of the Internal Revenue Code now requires all nonprofit hospitals to conduct a CHNA and develop an IS every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

Additionally, this 2022 San Joaquin County CHNA fulfills San Joaquin County Public Health Service's requirement to maintain its national Public Health Accreditation.

From data collection and analysis to the identification of prioritized needs and implementation strategies, the development of the 2022 CHNA report has been an inclusive and comprehensive process guided by a Core Team planning group and a broadly representative Steering Committee. As many community members as possible were engaged in the process. Opinions were sought from decision makers and key stakeholders and more importantly, from residents whose voices are not often heard.

B. Description of the CHNA Process

The CHNA was a collaborative examination of health in San Joaquin County, updating and building on work done in prior years, including many of the themes identified in previous CHNA cycles. The 2022 CHNA process applied a social determinants of health framework and examined San Joaquin County's social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the top health needs for the County.

The 2022 CHNA assessed the health issues and contributing factors with greatest impact among vulnerable populations that disproportionately have poorer health outcomes across multiple health needs. The CHNA explored disparities for populations residing in specific geographic areas referred to as "Priority Neighborhoods", as well as disparities among the County's diverse ethnic populations. These analyses will inform intervention strategies to promote health equity.

The 2022 CHNA utilized a mixed-methods approach. San Joaquin County Public Health Services epidemiologists compiled a comprehensive set of secondary data from national, statewide, and local sources to provide a multi-faceted picture of health in San Joaquin County. These data were compared to benchmark data and analyzed to identify potential areas of need. In addition, Ad Lucem Consulting, in concert with the Core Team, collected primary data via key informant interviews and focus groups that offered a wide range of opinions about issues that most impact the health of the community, as well as examples of existing resources that work to address those needs, and suggestions for continued progress in improving these issues. The analyzed quantitative and qualitative data were triangulated to identify the top health needs in the County. A summary health need profile was then created for each of these.

Health needs were ranked into highest, medium and lower priority at a meeting of the CHNA Steering Committee during which the CHNA data and findings were presented. Steering committee members prioritized the needs based on a set of criteria emphasizing the severity of the need, disparities and inequities related to the need, and the ability to make an impact in addressing the need. These methods, the data collected and the resulting prioritized community health needs are presented in this report and in the appendices.

II. Community Served

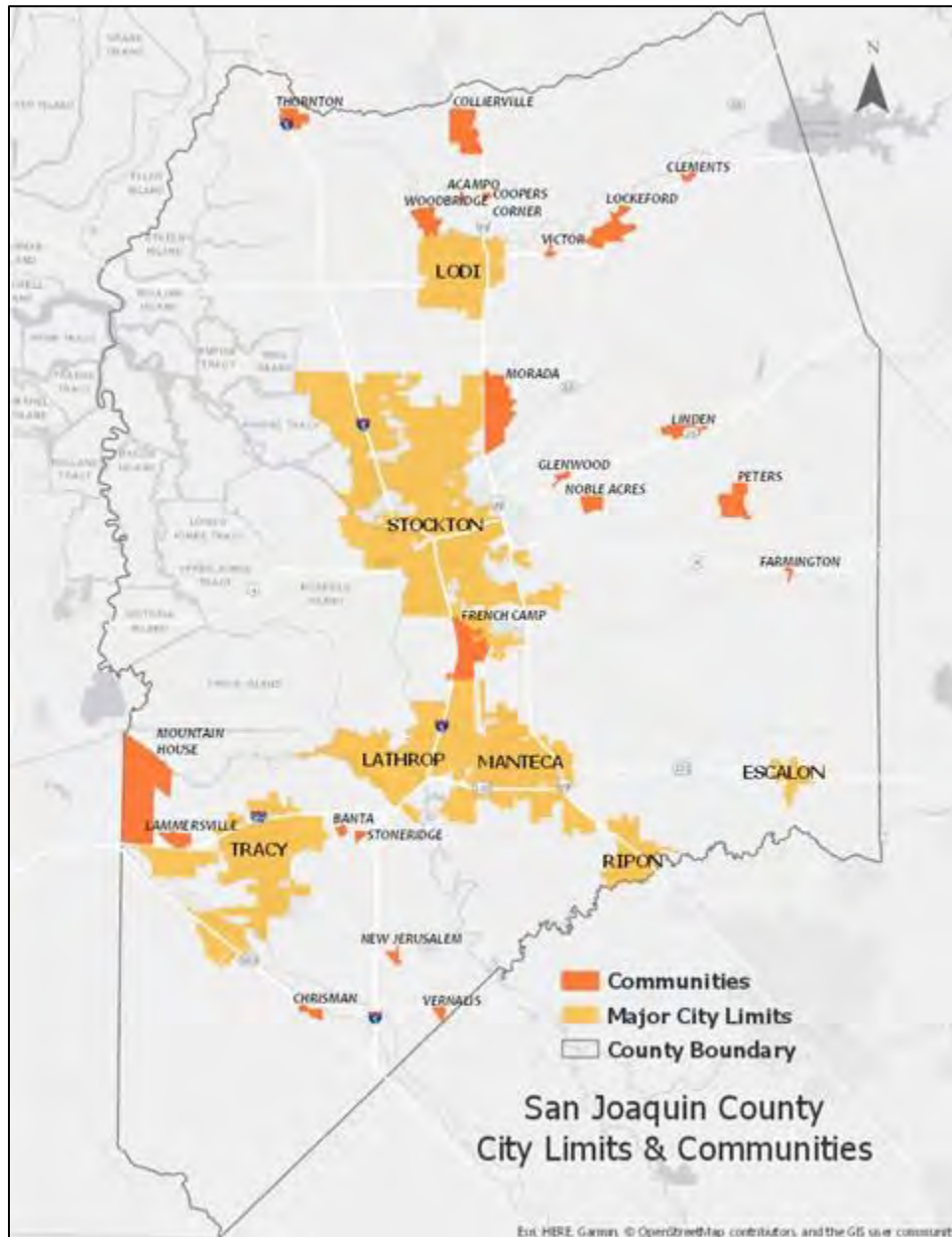
A. Definition of Community Served

Each hospital participating in the San Joaquin County CHNA defines its hospital service area to include all individuals residing within a defined geographic area surrounding the

hospital. For this joint CHNA, the hospital partners chose San Joaquin County as the primary service area.

B. Map and Description of Community Served

Figure 1. Map of San Joaquin County



i. Geographic Description of the Community Served

San Joaquin County, in the Central Valley of California, is roughly 60 miles east of San Francisco and 35 miles south of Sacramento, with a total population of 742,603 (2019). Historically, agriculture has been a strong driver of our economy and many migrants

and immigrants have settled here to work in the fields and help with agricultural processing or shipping. The County is mostly rural, with one large urban core (Stockton) and seven smaller cities, as well as many ranching and farming communities scattered across the County.

ii. Demographic Profile of the Community Served

San Joaquin County is home to a high concentration of residents at elevated risk for COVID-19 and who have experienced enormous impacts from the pandemic. A quarter of residents are foreign-born. Overall, 14.5% of residents live in poverty. Residents aged 65 years and older have a poverty rate of 9.9%. The educational attainment of San Joaquin County residents is much lower than California residents. Only 18.8% of County residents aged 25 and older have a bachelor’s degree or higher, compared to 33.9% of Californians aged 25 and older that have a bachelor’s degree or higher.

Table 1. Demographic Profile - San Joaquin County

Race/ethnicity	
Total Population	742,603
Asian	15.2%
Black/African American	6.7%
Latinx	41.4%
Native American/Alaska Native	0.2%
Pacific Islander/Native Hawaiian	0.5%
Multiple races	3.9%
White	31.9%

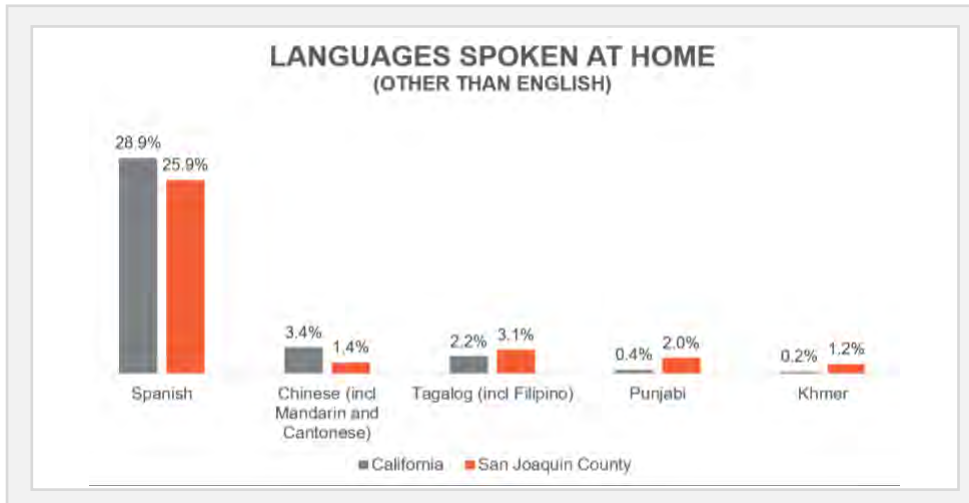
Source: US Census, 2019

Socioeconomic Data	
Living in poverty (<100% Federal poverty level)	14.5%
Children in poverty	16.6%
Older adults (ages 65+) in poverty	9.9%
Employed (ages 20-64 years)	52.6%
Insured (ages 19-64 years)	90.5%
Adults with no high school diploma	20.7%
Bachelor’s Education or higher	18.8%

Source: US Census, 2019

Many residents of San Joaquin County speak languages other than English at home (Figure 2). Over one quarter of San Joaquin County residents communicate at home in Spanish, which is less than the overall rate for California, and fewer County residents speak Chinese languages than California as a whole. A higher percentage of County residents speak Tagalog, Punjabi and Khmer as compared to California overall.

Figure 2. Languages Spoken at Home (California and San Joaquin County)

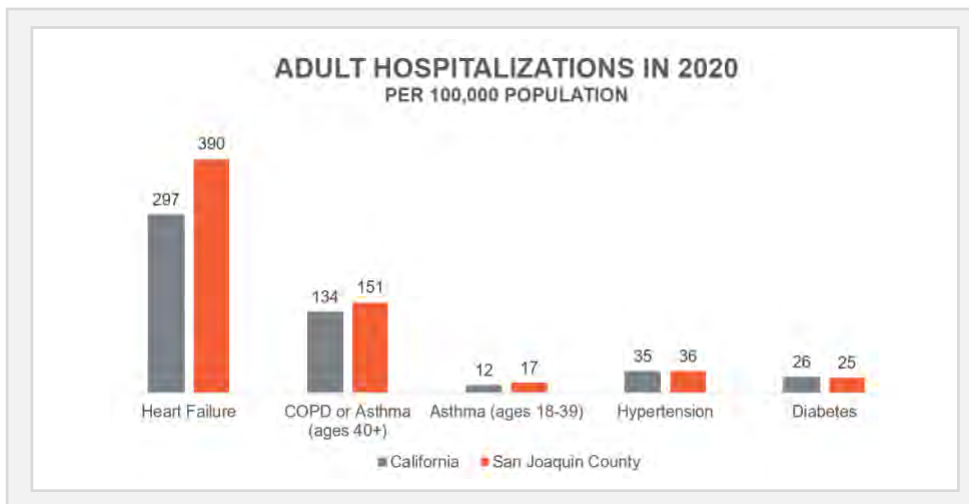


Source: US Census Bureau, ACS 2017

iii. Hospitalizations in the Community Served

The CA Department of Health and Human Services tracks the rates of hospitalizations for common chronic conditions for each county. San Joaquin County had higher (risk-adjusted) rates of adult hospitalization for heart failure, COPD/asthma (ages 40+), asthma (ages 18-39) and hypertension in 2020 than California overall (see Figure 3). Many of these hospitalizations could potentially be avoidable through access to high-quality outpatient care.

Figure 3. Adult Hospitalizations (California and San Joaquin County)



Source: CA Health and Human Services Open Data Portal

iv. Leading Causes of Deaths of the Community Served

In San Joaquin County, the top five causes of death are heart disease, cancer, COVID-19, stroke and lung disease (see Table 2). According to 2021 County Health Profiles, out of 58 counties, SJC had the 14th highest death rate from diabetes, 26th highest coronary heart disease death rate, and the 5th highest stroke death rate in the state. The top five causes of death differ by race/ethnicity. Heart disease and cancer are among the top five causes of death for all racial/ethnic groups; diabetes is among the top five causes of death for Asian and Native Hawaiian/Pacific Islander residents, and unintentional injuries appears in the top five causes of death for Black/African American, Latinx (Hispanic), Native Hawaiian/Pacific Islander and multiethnic residents. COVID-19 was the number one cause of death for Asian and Latinx (Hispanic) residents.

Table 2. Top Five Causes of Death – San Joaquin County*

	San Joaquin County	Asian	Black	Hispanic	American Indian Alaska Native	Native Hawaiian Pacific Islander	White	Multiple Races	Other Unknown
1	Heart Disease	COVID-19	Heart Disease	COVID-19	Cancer	Cancer	Heart Disease	Heart Disease	Cancer
2	Cancer	Cancer	Cancer	Cancer	Heart Disease	Heart Disease	Cancer	Cancer	Heart Disease
3	COVID-19	Heart Disease	COVID-19	Heart Disease	Stroke	Stroke	COVID-19	COVID-19	Deaths of Despair
4	Stroke	Stroke	Unintentional Injuries	Unintentional Injuries	Deaths of Despair	Diabetes	Lung Disease	Motor Vehicle Traffic Crashes	Diabetes
5	Lung Disease	Diabetes	Stroke	Deaths of Despair	Lung Disease	Unintentional Injuries	Stroke	Unintentional Injuries	Unintentional Injuries

Source: San Joaquin County Public Health Services

*The death data is a 5-yr average, age-adjusted rate, 2016-2020 except for COVID. COVID is only 1 year, 2020.

III. Who Was Involved in the Assessment?

A. Identity of Partner Organizations that Collaborated on the Assessment

The San Joaquin County 2022 CHNA was an effort of the Healthier San Joaquin Collaborative that included San Joaquin Public Health Services, San Joaquin’s nonprofit hospitals as well as many partner organizations and individuals throughout the community. The CHNA was led by a Core Team that was responsible for planning and key decision-making, including providing input for developing data collection instruments, working alongside Ad Lucem Consulting to collect and analyze data, and reviewing and commenting on the report. The broadly representative CHNA Steering Committee supported the process by collecting primary data and participating in data review and health need prioritization.

i. Core Team Members

- Adventist Health
 - Lodi Memorial and Dameron Hospitals
- Community Foundation of San Joaquin
- Community Medical Centers
- Dignity Health, St. Joseph's Medical Center and Behavioral Health Center
- First 5 San Joaquin
- Health Net
- Health Plan of San Joaquin
- Kaiser Permanente
- San Joaquin County Clinics/San Joaquin General Hospital
- San Joaquin County Office of Education
- San Joaquin County Public Health Services
- Sutter Health Valley Area
- University of the Pacific



ii. Steering Committee Members

- | | |
|---|---|
| <ul style="list-style-type: none"> • 211 San Joaquin • Adventist Health, Lodi Memorial and Dameron Hospitals • Amelia Adams Whole Life Center • Asian Pacific Self-Development and Residential Association (APSARA) • Boys and Girls Club • Catholic Charities Stockton Diocese • Child Abuse Prevention Council • City of Stockton <ul style="list-style-type: none"> ▪ Office of the Mayor ▪ Office of Violence Prevention • Community Foundation of San Joaquin • Community Medical Centers • Data Co-op, Interim Director • Delta Health Care • Department of Health and Human Services, Region 9 • Dignity Health, St. Joseph's Medical Center and Behavioral Health Center • El Concilio • Emergency Food Bank | <ul style="list-style-type: none"> • Little Manila Rising • LOVE Inc. Manteca • Mary Magdalene Community Services Public Health Advocates • Reinvent South Stockton Coalition • San Joaquin PRIDE Center • Sierra Vista Homes, Residents Council • SJC Behavioral Health Services • SJC Children's Alliance • SJC Clinics • SJC Council of Governments • SJC Office of Education <ul style="list-style-type: none"> ▪ Early Childhood Education ▪ Comprehensive Health Programs • SJC Health Care Services Agency and Whole Person Care Program • SJC Human Services Agency: Aging and Community Services • SJC Public Health Services • St. Mary's Dining Room • Stocktonians Taking Action to Neutralize Drugs (STAND) |
|---|---|

- Faith in the Valley
- First 5 San Joaquin
- Health Force Partners
- Health Net
- Health Plan of San Joaquin
- Hispanic Chamber of Commerce
- Kaiser Permanente
- Stockton NAACP
- Sutter Health Valley Area
- Third City Coalition
- University of the Pacific, School of Health Sciences
- Visionary Home Builders
- Women's Center and Youth Services Agency

iii. San Joaquin County Community Residents

The San Joaquin County 2022 CHNA would not have been possible without the support and engagement of County residents. Many community residents volunteered their time as focus group participants to provide the critical perspectives of residents living, working, and raising families in County communities. Others helped to support the process by providing feedback/validation of the preliminary findings.

B. Identity and Qualifications of Consultants Used to Conduct the Assessment

The Healthier San Joaquin Collaborative contracted with Ad Lucem Consulting, a public health consulting firm, to conduct the San Joaquin County CHNA. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting supports clients through a variety of services that can be applied to a range of issues.

Ad Lucem Consulting has developed CHNA reports and Implementation Strategy Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

To learn more about Ad Lucem Consulting, visit www.adlucemconsulting.com.

IV. Process and Methods Used to Conduct the CHNA

A. Secondary Data

i. Sources and Dates of Secondary Data Used in the Assessment

The data used for this CHNA follows the health needs organization and indicators found in the Kaiser Permanente (KP) Community Health Data Platform¹. The most up-to-date data were included and data by race/ethnicity were also compiled, as well as a number of additional demographic indicators.

For details on specific definitions, sources and dates of the data used, please see Appendix A. Data for health status, behavior, and risk factor indicators can be found in Appendix B.

ii. Methodology for Collection, Interpretation, and Analysis of Secondary Data

The data included in this CHNA presents a focused set of community health indicators that allows readers to understand what is driving health outcomes in San Joaquin County, including understanding racial/ethnic disparities and comparing local indicators with state benchmarks.

The 2019 CHNA² primarily used data from the Healthy Places Index (HPI)³ and the US Census. However, during the development of the 2022 CHNA, updated data was not available on the HPI site, and some indicators previously drawn from the US Census changed in definition.

To maintain data integrity, PHS staff downloaded data methodology and data sources from HPI along with the data sources from the KP Community Health Data Platform.

The KP Platform “Health Topics” was used as a framework for the 2022 CHNA measures. Unfortunately, this Platform did not have measures stratified by race/ethnicity, therefore, PHS staff attempted to gather the information from the defined data sources.

Due to similarities between the 2019 CHNA indicators and the KP Platform measures, a crosswalk was developed to remove redundancies:

¹ Kaiser Permanente. (2022). *Community Health Data Platform*. Oakland, CA. <https://public.tableau.com/app/profile/kp.chna.data.platform>

² San Joaquin County. (March 2019). *2019 Community Health Needs Assessment*. http://www.sjcphs.org/disease/documents/20190514_Comm%20Hlth%20Needs%20Assmnt.pdf

³ Public Health Alliance of Southern California. (2018). *The California Healthy Places Index (HPI)*. <https://map.healthyplacesindex.org/>

- If there was a difference between the CHNA measure and KP platform measure, (ex. Health insurance), the 2019 CHNA measure was kept and updated.
- If the 2019 CHNA measure did not have updated information, then the closest KP platform measure was chosen as a replacement.
- If the 2019 CHNA measure did not have updated information and there was not a match in the KP platform, then the measure was kept and labeled with “-”.

The main goals for secondary data collection and analysis were the following:

- To compare county values to state values and measure divergence (% above or below).
- To gather county indicator data by racial/ethnic group and measure of divergence from county benchmark and White population.
- To compare priority neighborhood values to county values and measure divergence (% above or below).
- To track change over time between 2019 CHNA and 2022 CHNA.
- To show rate stability by calculating statistical significance for each measure, if available.

Analysis of the secondary data included assigning a score to each health need (4: very high, 3: high, 2: medium, 1: lower) based on how many indicators within the health need were statistically significantly worse than state benchmarks. The majority of health needs had at least one indicator for which racial/ethnic disparity data were available; an additional score was assigned to each health need based on the number of racial/ethnic groups for whom each indicator was significantly worse than for White residents.

B. Community Input

i. Description of Who Was Consulted

Community input was provided by a broad range of community members using key informant interviews, focus groups and community meetings. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from local governmental and public health agencies, community-based organizations, and leaders, representatives, or members of underserved, low-income, and racial/ethnic populations. Additionally, where applicable, other individuals with expertise on local health needs were consulted. For a complete list of individuals who provided input, see Appendix C.

ii. Methodology for Collection and Interpretation

Key Informant Interview Methodology

Ad Lucem Consulting conducted key informant interviews with ten individuals

representing diverse sectors including: public health, health care, community-based organizations, social services and government. The key informants were identified by Healthier San Joaquin Collaborative Core Team members.

All interviews were conducted by telephone in English and took approximately 30-45 minutes to complete. The interviews followed a standard set of interview questions and the interviewer took detailed notes during the call. At the beginning of the interview, confidentiality was assured and the respondents were invited to skip questions that were not applicable to the respondent's experience.

Interview topics: Interview questions were developed by Ad Lucem Consulting with input from Core Team members. For the complete list of interview questions, see Appendix D. Questions addressed the following topics:

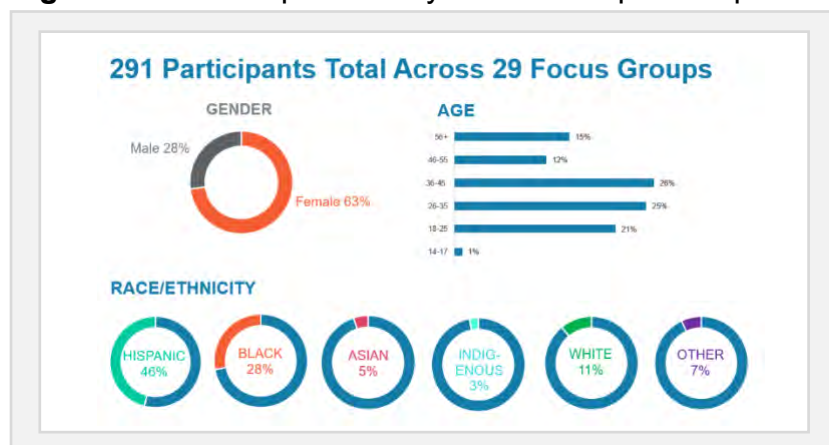
1. Top health issues in San Joaquin County
2. Factors and challenges that contribute to the top health issues
3. Impact of COVID-19 on the top health issues
4. Impacts on specific populations (e.g. low income, racial/ethnic subpopulations)
5. Successful strategies and community assets to address top health issues
6. Opportunities and roles for addressing the top health issues

Data Analysis: Ad Lucem Consulting used software to code and analyze responses by health need. The number of mentions for all themes related to a particular health need were tallied to develop an interview data score. Health needs were assigned points based on the frequency of mentions of the health need by key informants. Points for each health need were tallied across interviewees to develop interview scores for health need priority, racial/ethnic disparities, geographic or other disparities.

Focus Group Methodology

Twenty-nine community resident focus groups were conducted in geographic areas within San Joaquin County, including Stockton, Linden, Lodi, Tracy and Manteca. Twenty groups were conducted in English and nine were conducted in Spanish. Participants were primarily young adults, adults, and older adults who represented underserved, low-income, and varied ethnic communities.

Figure 4. San Joaquin County Focus Group Participant Profile



Representatives from community-based organizations (CBOs) and public agencies who were members of the CHNA Steering Committee were trained by Ad Lucem Consulting to conduct focus groups with community residents. This approach allowed for a large number of focus groups to capture the diverse perspectives of many County subpopulations. CBOs/public agencies attending the training received instruction on a 10-step focus group process, including participant recruitment, focus group logistics, focus group facilitation, note taking and summarizing the focus group discussion. The training participants received a toolkit which included a focus group manual describing the 10 steps as well as the focus group guide and instructions on returning the focus group materials. The CBOs/public agencies had the opportunity to apply for funds to support focus group logistics and focus group participants were provided with a \$25 gift certificate as a thank you for their participation.

CBOs/public agencies conducted 27 of the focus groups. CBO/public agency staff recruited participants and organized logistics for the focus groups. Each focus group session averaged 60 minutes and was facilitated by a participating CBO/agency. Due to the pandemic, eight out of the twenty-nine focus groups took place using a virtual format. During the focus group, CBO/public agency staff members took notes (either the focus group facilitator or a co-moderator); CBOs/public agencies were instructed to use the notes to prepare a focus group summary on a template provided in the toolkit. CBOs/public agencies emailed focus group summaries and demographic questionnaires to Ad Lucem Consulting for data entry and analysis.

Two focus groups were conducted by Community Health Insights (CHI), the consultant preparing the CHNA for Sutter Health in San Joaquin County. CHI used a similar focus group guide and generously shared notes from the focus groups, which were included in the focus group analysis described below.

Focus group question guide: A focus group guide ensured consistency across groups. The focus group questions were developed by Ad Lucem Consulting with input from the Core Team. Questions were open-ended and additional probing questions were used as needed to elicit more in-depth responses and richer details. The questions were translated into Spanish by a native Spanish speaker experienced in translation. At the beginning of each focus group session, participants were welcomed and assured anonymity of their responses. An overview of the discussion was provided as well as a review of discussion ground rules. For the complete list of focus group questions, see Appendix E. Questions addressed the following topics:

1. What is healthy about the community
2. What makes it difficult to be healthy in the community
3. Top health issues in community
4. Impact of COVID-19 on the top health issues

5. Strategies to address top health issues
6. How the pandemic impacted the community's health needs

Data Analysis: Summaries of focus group discussions were prepared by the CBOs/agencies who facilitated the focus groups and were submitted to Ad Lucem Consulting. The most prominent themes in the focus group summaries were identified. Health topics discussed by focus group participants were organized into the health need categories defined by the secondary data. Health needs were assigned points based on the frequency and importance given to the health need by focus group participants. Points for each health need were tallied across focus groups to develop scores for health need priority, racial/ethnic disparities, geographic or other disparities.

i. San Joaquin County Reports and Assessments

A number of San Joaquin County partners have published documents that contribute to the overall understanding of the local social, environmental, and economic conditions that impact residents' health. These documents were reviewed as part of the CHNA assessment to highlight health issues and contributing factors for the County's historically underserved populations. This information can inform intervention strategies to promote health equity. For the complete annotated bibliography, see Appendix F.

C. Written Comments

Each hospital has provided the public an opportunity to submit written comments on the facility's previous CHNA Report through their website. These websites will continue to allow for written community input on each facility's most recent CHNA Report.

As of the time of this CHNA report development, members of the Core Team had not received written comments about the previous CHNA report. Core Team members will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate facility staff.

D. Data Limitations and Information Gaps

The CHNA data platform includes over 100 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are limitations with regard to these data, as is true with any secondary data:

- Some data were only available at a county level and did not contribute to the understanding of neighborhood level needs.
- A number of indicators reported rely on the Census/American Communities Survey which may be based on small sample sizes and are estimates rather than actual measures.

- Disaggregated data around ethnicity/race are not available for all data indicators, which limited the ability to examine health disparities.
- Data are not always collected on a yearly basis, and some data are several years old.
- The COVID-19 pandemic had an impact on both socioeconomics and health and exacerbated existing racial/ethnic disparities; the impact of the pandemic is not necessarily captured by the secondary data presented in the CHNA as most of this data was collected pre-pandemic.

Primary data collection and health need ranking processes are also subject to limitations and information gaps:

- Themes identified during interviews, focus groups and surveys were likely dependent upon the experience of individuals selected to provide input; input from a robust and diverse group of stakeholders sought to minimize this bias.
- The final list of ranked health needs is subject to the affiliation and experience of the individuals who attended the ranking meetings, and to how those individuals voted on that particular day.

V. Priority Neighborhoods

Table 3 lists the 14 San Joaquin County Priority Neighborhoods. The residents of the Priority Neighborhoods are the most impacted by both historic health disparities and the risks and impacts of COVID-19.

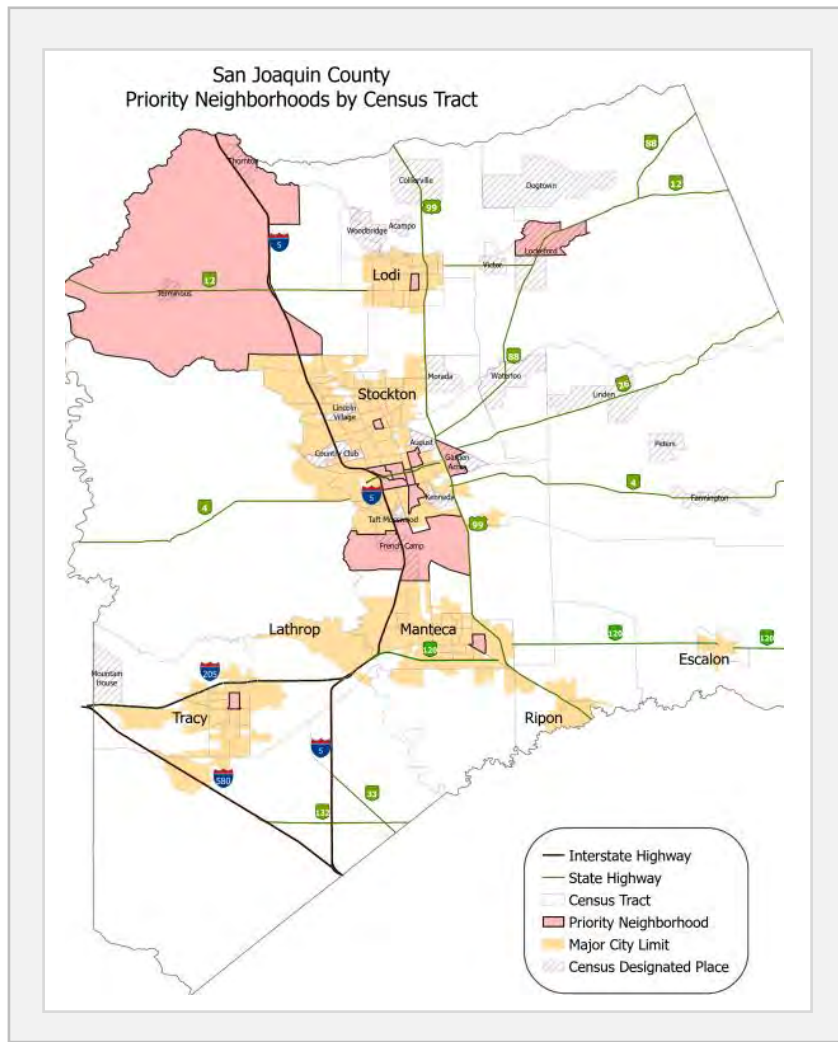
Table 3: San Joaquin County Priority Neighborhoods (Census Tracts)

Census Tract	City	Included in 2019 CHNA
1	Stockton	✓
3	Stockton	✓
6	Stockton	✓
7	Stockton	✓
16	Stockton	✓
22.01	Stockton	✓
27.01	Stockton (Garden Acres)	
33.12	Stockton	✓
38.03	French Camp	
40.01	Thornton	
44.03	Lodi	✓
47.01	Lockeford	
51.09	Manteca	✓
53.03	Tracy	✓

The Map in Figure 5 below shows where the Priority Neighborhoods are located. In the 2022 CHNA, there are 14 Priority Neighborhoods: 10 from the previous CHNA (2019) for continued work and comparisons, and four new Priority Neighborhoods for better geographical representation. The new Priority Neighborhoods were chosen based on the following criteria: (a) considered a Census Designated Place (CDP), (b) larger population estimate compared to other CDPs, and (c) low Healthy Places Index percentile than other CDPs.

Profiles of the 14 Priority Neighborhoods (Census Tracts) are presented in Section VII.A. Each Priority Neighborhood's profile includes the following: map of the census tract, demographic data, root causes of health, and birth and death statistics. For the ten Priority Neighborhoods that were included in the 2019 CHNA, change over the last 3 years is described in addition to presentation of current conditions.

Figure 5. Map of 14 Priority Neighborhoods



VI. Identification and Prioritization of the Community's Health Needs

A. Identifying Community Health Needs

i. Definition of "Health Need"

For the purposes of the CHNA, health needs are defined as including requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities). Requisites may include addressing financial and other barriers to care as well as preventing illness, ensuring adequate nutrition, or addressing social, behavioral, and environmental factors that influence health in the community. Health needs were identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii. Criteria and Analytical Methods Used to Identify the Community Health Needs

The following criteria were used:

- It fits the definition of a "health need" as described above.
- It was confirmed by multiple data sources (i.e., identified in both secondary and primary data).
- Indicator(s) related to the health need performed statistically significantly worse than the state average.
- It was chosen as a community priority. Prioritization was informed by the frequency with which key informants and focus groups mentioned the need. The final list included only those that informants and focus groups identified as a need.

The following methods were used:

- A health needs identification table was developed which included all related indicators that benchmarked statistically significantly worse than the state. Race and ethnicity data were reviewed (when available) to identify all indicators for which disparities existed. The number of groups experiencing disparities for a given indicator was noted and addressed during prioritization. Primary data were reviewed and assessed for overall priority, racial/ethnic disparities, geographic disparities and disparities affecting other groups.
- While Cancer, Climate and Environment and Sexual Health each had at least one indicator that performed poorly against the state average, they were not included as health needs for the 2022 CHNA because they were not mentioned with frequency in the primary data collection.

Nine health needs met the above criteria:

Highest Priority
Mental Health/Behavioral Health Including Substance Use
Access to Care
Income and Employment
Medium Priority
Housing
Chronic Disease/Health Eating, Active Living (HEAL)
Community Safety
Lower Priority
Family and Social Support
Education
Transportation

B. Criteria and Process Used for Prioritization of Health Needs

i. Prioritization Criteria

The following criteria were identified to use in prioritizing the list of health needs:

- Health measures: San Joaquin County indicators compare poorly to the California average.
- Clear disparities or inequities: Data show differences by racial/ethnic subgroups.
- Community input: Interviews/focus groups identified important issues related to the health need.
- Prevention: Opportunities exist for health promotion and disease prevention rather than treatment.
- Leverage community assets: San Joaquin County has existing partnerships, momentum, current programming and assets that address the health need.

ii. Prioritization Process

CHNA Steering Committee Ranking Meeting: This two-hour virtual meeting was attended by 48 Steering Committee members. At the meeting, the primary and secondary data, organized by the nine health needs, were presented and discussed during small group breakouts to foster in depth discussion of the data. The data scoring

was also presented and participants engaged in a multi-voting process to determine the highest, medium and lower priority health needs.

Multi-voting Process: During the Steering Committee meeting, a multi-voting method was used to prioritize the nine identified health needs; participants considered the prioritization criteria when making their decisions.

Participants took part in two rounds of voting to prioritize the nine health needs. For the first round, participants voted for their top three priority health needs. The three needs that received the most votes were identified as highest priority. The same voting process was used for round two: participants voted for their next three priorities among the remaining six health needs. The three that received the most votes were identified as medium priority health needs. The remaining needs were identified as lower priority health needs.

Community Meetings: The CHNA assessment finding and health need prioritization were presented at a series of meetings with community residents. Meeting attendees provided input and concurred that each of the nine health needs was important and that these issues are interrelated.

C. Prioritized Description of Health Needs Identified through the CHNA

See Section VII.B. for the nine complete Health Needs Profiles.

Highest Priority

- **Mental Health/Behavioral Health Including Substance Use:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Those facing challenges related to lower economic opportunities often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Residents of San Joaquin County experience more days of poor mental per month and have a higher rate of deaths by suicide, drug overdose and alcohol poisoning combined than the California average, with significantly fewer mental health care providers available. Key informants and focus group participants stressed the urgency of increasing access to mental health and substance use treatment and services by addressing the barriers presented by cost, lack of insurance, transportation, language/cultural competency and social stigma.
- **Access to Care:** Access to comprehensive, quality healthcare is important for health and for increasing and maintaining higher quality of life. In San Joaquin County, residents are more likely to be enrolled in Medicaid or other public insurance, which is a factor related to overall poverty. People of color, especially Latinx children and adults, are the most likely to be uninsured. The health care

provider shortage within the County can lead to poor health outcomes, which are particularly notable among pregnant and postpartum women of color and their babies. Key informants and focus group participants described the difficulties residents experience in accessing medical, dental and specialty care due to a lack of providers or available appointments, inadequate insurance coverage, language/cultural barriers and the cost of services, co-pays, insurance and prescriptions.

- **Income and Employment:** People with steady employment are less likely to have an income below the poverty level and more likely to be healthy. San Joaquin County's higher unemployment, lower average income, pervasive poverty and variable high-speed Internet access, especially among people of color, may affect opportunities and behaviors that exacerbate chronic disease and disability, reduce food security, limit healthy food and physical activity choices, erode mental health, and impact substance use. Key informants and focus group participants reported extensive job loss as a result of the COVID-19 pandemic, which disproportionately affected historically underserved communities and threatened residents' ability to maintain housing, provide their families with healthy foods, and access medical care.

Medium Priority

- **Housing:** Stable, affordable housing is strongly associated with health, well-being, educational achievement, and economic success. When compared to California overall, indicators of housing instability in San Joaquin County are better than state averages. However, secondary data indicates that disparities exist for residents of color related to homeownership and crowded housing. Focus group participants and key informants linked housing challenges such as rent affordability and multigeneration or crowded households to significant anxiety, leading to mental/behavioral health difficulties and interpersonal issues, sometimes escalating to domestic violence. Key informants also noted the many challenges related to homelessness in the County, which both they and focus group participants agreed is a complex problem requiring a multisector approach to solve.
- **Chronic Disease/Healthy Eating, Active Living (HEAL):** Chronic diseases are a primary cause of poor health outcomes and death and a leading driver of health care costs. Those who have limited access to healthy foods have a higher risk of developing a chronic disease, such as obesity, heart disease, diabetes or asthma. Along with a healthy diet, physical activity is key to preventing and reducing complications from chronic diseases. Obesity rates and diabetes prevalence were

higher in San Joaquin County as compared to the state, with children and adults of color having significantly higher rates of obesity than their White neighbors. Secondary data also indicate significant disparities related to hospitalization and deaths from cardiovascular diseases and asthma. Poverty, lack of access to healthy food and safe places for physical activity, and easy access to unhealthy foods were frequently mentioned as barriers by key informants and focus group participants.

For the 2019 CHNA, community members identified Chronic Disease/Healthy Eating Active Living as their top health issue. There has been progress on this health need but there is much more to do. As a result, it remains a priority and will be addressed in the subsequent development of the Community Health Improvement Plan (CHIP).

- **Community Safety:** Safe communities promote community cohesion and economic development, and provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries. Violent crime rates and rates of injury, motor vehicle and pedestrian deaths are all higher in San Joaquin County than in the state, with Black/African American residents experiencing the highest rates of deaths. Focus group participants discussed crime and drug use in their communities, reporting that public spaces created for physical activity (parks, sidewalks or bike paths) don't feel safe because of gang violence, homelessness, discarded drug paraphernalia, broken lights and rundown equipment. They also emphasized the need for improved relationships between law enforcement and the community, particularly for communities of color and unhoused individuals.

Lower Priority

- **Family and Social Support:** The presence or absence of a strong social support network affects all aspects of life, including physical and mental wellbeing. Communities are the context in which families prosper or struggle, highlighting the importance of identifying areas of need and disparity and leveraging community resources to address them. San Joaquin County has a higher percentage of residents living with a disability than the state average, with Black/African American residents having the highest rate. Many residents have limited English proficiency. Focus group participants perceived that social connections are integral to creating and sustaining healthy communities with large support networks. They expressed concern about the lasting impacts of the COVID-19 pandemic on families.

- **Education:** The link between education and health is well known—those with higher levels of education are more likely to be healthier and live longer. Fewer children in San Joaquin County are enrolled in preschool, which is associated with academic readiness and success. San Joaquin County students have lower rates of proficiency in math and reading than students across California, with evidence of significant disparities for Latinx, Black/African American, and multiethnic students. Adults in the County are less likely to have a high school diploma or have completed a college degree. Key informants stressed the importance of addressing systemic barriers related to education to improve community health and lift families out of poverty.
- **Transportation:** Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing health care, and securing food. Focus group participants and key informants agreed that San Joaquin County residents experience challenges related to transportation, substantially impacting decisions related to employment, healthcare, housing and nutrition, and potentially leading to poor physical and mental health. Secondary data indicates that County residents are less likely to engage in active transportation, such as biking or walking, and are more likely to commute alone by car.

D. Community Resources Potentially Available to Respond to the Identified Health Needs

San Joaquin County’s community-based organizations, public agencies, hospitals and clinics, and other entities are engaged in addressing many of the health needs identified by this assessment. Key resources available to respond to the identified health needs of the County are listed in Appendix G Community Resources.

VII. Profiles

A. Priority Neighborhood Profiles

PRIORITY NEIGHBORHOOD PROFILE Census Tract 1



Census tract description:

Census Tract (CT) 1 in Stockton is bounded by the following streets: Union/Aurora on the east, Park on the north, Hazelton on the south, and Madison/El Dorado on the west. This priority neighborhood is home to 3,688 people, which reflects a ten percent decrease in total population since 2019.

San Joaquin County Public Health Services, Epidemiology. 12/20/2021

Demographics

The majority of this neighborhood's residents are Hispanic and between the ages of 25 and 64 years old. Since 2019, CT 1 experienced demographic shifts reflected by an increase in the Black population, a decrease in the Asian population, and a decrease in young people between the ages of six and 24 years old (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 1 vs SJC)

		CT 1	Change Since 2019	San Joaquin County
Total Population		3,688	↓	742,603
Race/Ethnicity	Asian	8%	↓↓	15%
	Black	19%	↑↑	7%
	Hispanic	54%	↑	41%
	American Indian/Alaska Native	<1%	-	<1%
	Pacific Islander/Native Hawaiian	1%	-	1%
	White	14%	↓	32%
	Multiple Races	3%	-	4%
Gender	Female	46%	↑	50%
	Male	54%	↓	50%
Age Group	0-5 yrs	9%	↑	9%
	6-17 yrs	14%	↓	19%
	18-24 yrs	7%	↓↓	10%
	25-44 yrs	29%	↑	27%
	45-64 yrs	27%	↑	24%
	≥65 yrs	15%	↑↑	13%

Refer to technical notes for data sources

Root Causes of Health

In comparison to San Joaquin County (SJC) as a whole, CT 1 measures worse on health topics, including economics, and some aspects of social support, education, transportation, food security, and housing conditions. The disparities are striking when it comes to income, percent living in poverty, employment, two parent households, preschool enrollment, adults with no high school diploma, automobile access, Bachelor’s level or higher education, access to grocery stores, SNAP enrollment, housing habitability, and homeownership. This neighborhood performs relatively better on limited English proficiency, active commuting, and retail density compared to SJC. Since 2019, this neighborhood has improved in terms of income, employment, preschool enrollment, and active commuting. It has worsened when it comes to living in poverty, two parent households, adult educational attainment levels, automobile access, retail density, housing habitability, and homeownership.

Table 2: Root Causes of Health (Census Tract 1 vs SJC)

Health Topic	Measure Name	CT 1	Change Since 2019	San Joaquin County
Economic	Income	\$16,289	↑	\$64,432
	Living in poverty (<100% Federal Poverty Level)	59%	↑	15%
	Employed (ages 20-64 yrs)	52%	↑↑	69%
Social Support	Two Parent Households	39%	↓	77%
	Limited English Proficiency	29%	-	41%
Education	Preschool Enrollment	35%	↑	44%
	Adults (ages 25+ yrs) with no high school diploma	49%	↑	21%
	Bachelor's Education or Higher	5%	↓	19%
Food Security	Low Access to Grocery Stores	35%	-	28%
	SNAP Enrollment	26%	-	14%
Transportation	Automobile Access	43%	↓	94%
	Active Commuting	14%	↑↑	4%
Built Environment	Retail Density	2%	↓↓	<1%*
	Urban Tree Canopy	10%	-	-
Housing	Housing Habitability	90%	↓	99%
	Homeownership	2%	↓↓↓	57%
Climate & Environment	Drought Risk	-	-	52
	Air pollution: PM2.5 concentration	12	-	-

CT 1 has a rate of poverty that is over three times higher than SJC, with almost 60% of residents living below the federal poverty line.

Educational attainment can directly impact employment and income over the lifespan. Almost half of adults in CT 1 do not have a high school diploma, which is more than double compared to SJC overall.

Homeownership is one element of housing and economic stability. Homeownership in CT 1 is very low, has decreased since 2019 and is much lower than SJC overall.

Refer to technical notes for data sources
*Indicates unstable rates

Birth and Death Statistics

When compared with the County, CT 1 has a higher overall birth rate. This neighborhood has a higher percentage of preterm births, teen births, and babies born at a low birth weight compared to the County. There are also fewer women receiving early prenatal care. Compared to 2019, there is more early prenatal care, but the percent of low-birth-weight babies and teen births has increased. The overall birth rate has also increased since 2019.

Table 3: Birth Outcomes (Census Tract 1 vs SJC)

Measure Name	CT 1	Change Since 2019	San Joaquin County
Pre-term births	10%	↓	9%
Low birth weight	11%	↑	5%
Prenatal care in 1 st trimester	68%	↑	79%
Teen births (mothers ages 15-19 yrs)	10%	↑	5%
Birth Rate			
Total	21	↑	13
Asian	13	↓	13
Black	15	↓	13
Hispanic	23	↑	16
White	17	↑	9

Refer to technical notes for data sources

In this neighborhood, Blacks are dying at a younger age than other ethnic groups. The death rate is also significantly higher in this neighborhood when compared to the County. Asians, Blacks, and Hispanics are currently dying at younger ages than they did in 2019 in CT 1. In terms of leading causes of death, this neighborhood's rate of heart disease is almost twice as high as the County rate, and its rate of COVID-19 and cancer-related deaths is higher than the County. The rate of death due to unintentional injuries and the rate of death due to deaths of despair are both more than three times greater than the County.

Table 4: Death Statistics (Census Tract 1 vs SJC)

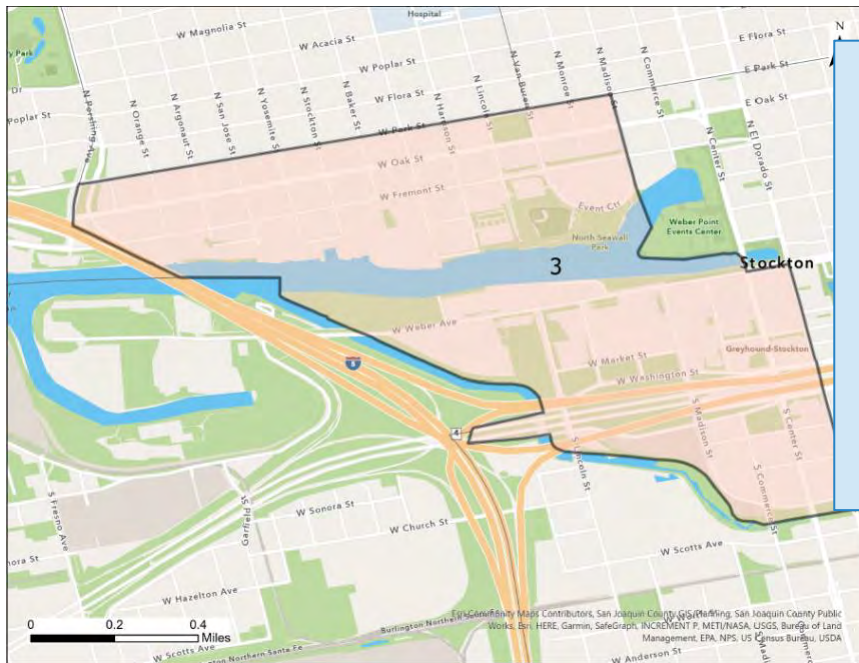
Measure Name	CT 1	Change Since 2019	San Joaquin County
Life expectancy (yrs)	69	↓	-
Average Age of Death (yrs)			
Total	62	↓	69
Asian	66	↓	70
Black	57	↓	66
Hispanic	64	↓	65
White	64	↑	71
Age-Adjusted Death Rate - Total	1618	-	916
Heart Disease	359	↑	189
COVID-19	233*	-	142
Cancer	205	↑	186
Unintentional Injuries	190	↑↑	48
Deaths of Despair	165	-	39

Refer to technical notes for data sources

*Indicates unstable rates

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 3



Census tract description:

Census Tract (CT) 3 in Stockton is bounded by the following streets: Madison/EI Dorado on the east, Park on the north, Hazelton/Scotts on the south, and I-5 on the west. This priority neighborhood is home to 2,048 people, which reflects an 11 percent increase in total population since 2019.

San Joaquin County Public Health Services, Epidemiology. 12/20/2021

Demographics

The majority of this neighborhood's residents are Hispanic and between the ages of 25 and 64 years old. Since 2019, CT 3 experienced demographic shifts reflected by an increase in the Asian and Black populations, a decrease in the white population, and an increase in children under age five (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 3 vs SJC)

		CT 3	Change Since 2019	San Joaquin County
Total Population		2,048	↑	742,603
Race/Ethnicity	Asian	13%	↑↑	15%
	Black	18%	↑	7%
	Hispanic	52%	↓	41%
	American Indian/Alaska Native	<1%	-	<1%
	Pacific Islander/Native Hawaiian	<1%	-	1%
	White	14%	↓	32%
	Multiple Races	3%	-	4%

Gender	Female	51%	↑	50%
	Male	49%	↓	50%
Age Group	0-5 yrs	10%	↑↑	9%
	6-17 yrs	12%	↓	19%
	18-24 yrs	10%	↑	10%
	25-44 yrs	27%	↓	27%
	45-64 yrs	24%	↓	24%
	≥65 yrs	18%	↑	13%

Refer to technical notes for data sources

Root Causes of Health

In comparison to San Joaquin County (SJC), CT 3 performs worse on health topics, including economics, social support, food security, transportation, and some aspects of education, transportation, and housing. The disparities are striking when it comes to income, living in poverty, two parent households, adult educational attainment levels, access to grocery stores, SNAP enrollment, automobile access, and homeownership. This neighborhood performs relatively better on measures of active commuting, housing habitability, and retail density compared to SJC. Since 2019, this neighborhood has improved in terms of income, living in poverty, employment, preschool enrollment, adults with no high school diploma, automobile access, and housing habitability. This neighborhood has worsened when it comes to two parent households, bachelor's education or higher, and homeownership.

Table 2: Root Causes of Health (Census Tract 3 vs SJC)

Health Topic	Measure Name	CT 3	Change Since 2019	San Joaquin County	
Economic	Income	\$19,200	↑	\$64,432	Income and poverty directly impact residents' health and well-being. The average income in CT 3 is notably low, approximately 1/3 the SJC average.
	Living in poverty (<100% Federal Poverty Level)	38%	↓	15%	
	Employed (ages 20-64 yrs)	61%	↑	68%	
Social Support	Two Parent Households	49%	↓	77%	
	Limited English Proficiency	22%	-	41%	
Education	Preschool Enrollment	44%	↑↑↑↑↑	44%	Preschool enrollment in CT 3 has almost tripled since 2019 and is equal to SJC overall.
	Adults (ages 25+ yrs) with no high school diploma	30%	↓↓	21%	
	Bachelor's Education or Higher	9%	↓	19%	
Food Security	Low Access to Grocery Stores	56%	-	28%	
	SNAP Enrollment	36%	-	14%	
Transportation	Automobile Access	68%	↑	94%	
	Active Commuting	5%	↓	4%	
Built Environment	Retail Density	2%	↓	0.1%*	
	Urban Tree Canopy	11%	-	-	
Housing	Housing Habitability	100%	↑	99%	Homeownership is an element of housing and economic stability; homeownership in CT 3 is notably low, has decreased since 2019 and is substantially lower than SJC overall.
	Homeownership	10%	↓↓	57%	
Climate and Environment	Drought Risk	1	-	52	
	Air pollution: PM2.5 concentration	12	-	-	

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

When compared with the County, CT 3 has a higher overall birth rate, as well as higher birth rates among Blacks, Hispanics, and Whites. There are more babies born at a low birth weight and more teen births in this neighborhood. There are also slightly fewer women receiving early prenatal care. Compared to the last health assessment, this neighborhood has improved in terms of early prenatal care for women and has also seen fewer teen births. However, there was an increase of babies born at low birth weights. The rate of birth among Whites in this neighborhood has increased since the last health assessment, while the rates among all other racial/ethnic groups individually have decreased.

Table 3: Birth Outcomes (Census Tract 3 vs SJC)

Measure Name	CT 3	Change Since 2019	San Joaquin County
Pre-term births	9%	↑	9%
Low birth weight	9%	↑↑	5%
Prenatal care in 1 st trimester	77%	↑	79%
Teen birth rate (mothers ages 15-19 yrs)	9%	↓	5%
Birth Rate			
Total	19	↓	13
Asian	5	↓	13
Black	24	↓↓	13
Hispanic	21	↓	16
White	15	↑↑↑	9

Refer to technical notes for data sources

In this neighborhood, the death rate across all ages is higher when compared to the County average. Blacks are dying at a younger age than other ethnic groups within CT 3, however the average age of death for this population has increased since 2019. The average age of death for Asians and Whites has also increased since 2019. This neighborhood's rates of deaths due to unintentional injuries and deaths of despair are more than triple the County's rate, and rates of deaths due to heart disease and COVID-19 also exceed the County. COVID-19 has replaced stroke among this neighborhood's top five leading causes of death. Rates of death due to heart disease and unintentional injuries have increased since 2019.

Table 4: Death Statistics (Census Tract 3 vs SJC)

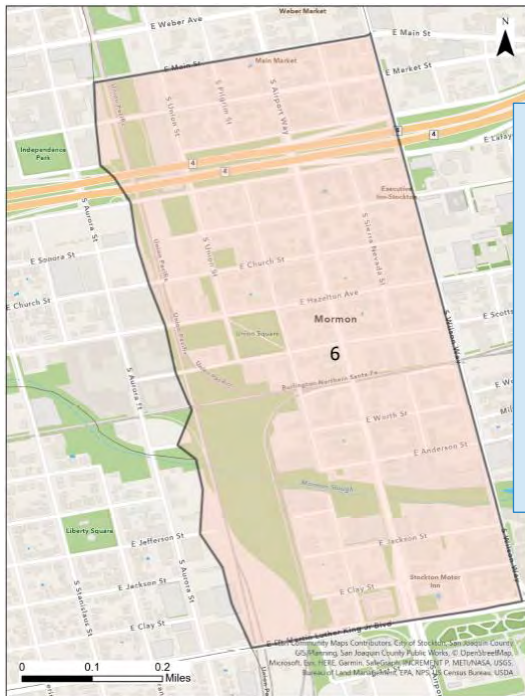
Measure Name	CT 3	Change Since 2019	San Joaquin County
Life expectancy (yrs)	70	↑	-
Average Age of Death (yrs)			
Total	62	↓	69
Asian	86	↑	70
Black	62	↑	66
Hispanic	65	↓	65
White	67	↑	71
Age-Adjusted Death Rate - Total	1441	-	916
Heart Disease	242	↑	189
Unintentional Injuries	232	↑↑↑	48
COVID-19*	231	-	142
Cancer	170	↓	186
Deaths of Despair	151*	-	39

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 6



Census tract description:

Census Tract (CT) 6 in Stockton is bounded by the following streets: Union/Aurora on the west, Charter on the south, Main on the north, and Wilson on the east. This priority neighborhood is home to 1,703 people, which reflects a ten percent decrease in total population since 2019.

San Joaquin County Public Health Services, Epidemiology.
12/20/2021

Demographics

The majority of the neighborhood’s residents are Hispanic and between the ages of 25 and 64. Since 2019, Demographic shifts in CT 6 include a decrease in the Black population as well as an aging population, reflected by a slight decrease in children under age 17 and larger increases in the population aged 45 and older (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 6 vs SJC)

		CT 6	Change Since 2019	San Joaquin County
Total Population		1,703	↓	742,603
Race/Ethnicity	Asian	13%	↑	15%
	Black	4%	↓↓	7%
	Hispanic	75%	↓	41%
	American Indian/Alaska Native	<1%	-	<1%
	Pacific Islander/Native Hawaiian	<1%	-	1%
	White	6%	↑	32%
Multiple Races		3%	-	4%

Gender	Female	44%	↑	50%
	Male	56%	↓	50%
Age Group	0-5 yrs	10%	↓	9%
	6-17 yrs	16%	↓	19%
	18-24 yrs	11%	↓	10%
	25-44 yrs	33%	↑	27%
	45-64 yrs	23%	↑	24%
	≥65 yrs	7%	↑↑	13%

Refer to technical notes for data sources

Root Causes of Health

In comparison to San Joaquin County (SJC) overall, CT 6 measures worse on health topics including economics, education, housing conditions, and some aspects of food security. The disparities are striking when it comes to income, percent living in poverty, employment, preschool enrollment, high school and college education among adults, SNAP enrollment, automobile access, and homeownership. CT 6 compares relatively better when it comes to two parent households, access to grocery stores, and retail density. Since 2019, CT 6 has improved when it comes to income, percent living in poverty, two parent households, automobile access, and homeownership.

Table 2: Root Causes of Health (Census Tract 6 vs SJC)

Health Topic	Measure Name	CT 6	Change Since 2019	San Joaquin County		
Economic	Income	\$27,396	↑	\$64,432	The percent of CT 6 residents living in poverty has decreased considerably since 2019, although the current percentage is still double that of SJC	
	Living in poverty (<100% Federal Poverty Level)	30%	↓↓↓	15%		
	Employed (ages 20-64 yrs)	56%	↓	68%		
Social Support	Two Parent Households	80%	↑↑	77%	Preschool enrollment plays a critical role in preparing children for long-term educational success; since 2019, preschool enrollment in CT 6 has dropped by over 50 percent	
	Limited English Proficiency	41%	-	41%		
Education	Preschool Enrollment	15%	↓↓↓↓	44%		
	Adults (ages 25+ yrs) with no high school diploma	56%	↓	21%		
	Bachelor's Education or Higher	2%	↓↓↓	19%		
Food Security	Low Access to Grocery Stores	12%	-	28%		SNAP (food assistance) enrollment is almost double that of the SJC average, indicating that CT 6 residents need financial assistance to meet basic needs, but that they are receiving support.
	SNAP Enrollment	27%	-	14%		
Transportation	Automobile Access	83%	↑	94%		
	Active Commuting	3%	↓↓	4%		
Built Environment	Retail Density	<1%	↓↓↓↓↓	<1%*		
	Urban Tree Canopy	10%	-	-		
Housing	Housing Habitability	92%	↓	99%		
	Homeownership	17%	↑	57%		
Pollution	Drought Risk	-	-	52		
	Air pollution: PM2.5 concentration	12	-	-		

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

When compared with the County, CT 6 has a higher overall birth rate. There are fewer pre-term births and babies born at a low birth weight in this neighborhood, but there are also significantly more teen births as well as fewer women receiving early prenatal care. Compared to 2019, this neighborhood has improved slightly in terms of prenatal care in the first trimester and seeing fewer teen births and fewer babies born at a low birth weight.

Table 3: Birth Outcomes (Census Tract 6 vs SJC)

Measure Name	CT 6	Change Since 2019	San Joaquin County
Pre-term births	8%	↑	9%
Low birth weight	4%	↓↓↓	5%
Prenatal care in 1 st trimester	64%	↑	79%
Teen births (mothers ages 15-19 yrs)	10%	↓	5%
Birth Rate			
Total	24	↑	13
Asian	21	↓↓↓	13
Black	25	↑	13
Hispanic	24	↑↑	16
White	13	↓	9

Refer to technical notes for data sources

In this neighborhood, every racial/ethnic group has a lower average age of death than the County overall. The average age of death for Blacks is the lowest when compared to other racial/ethnic groups. Since 2019, the average age of death for all groups combined and Asians have decreased, while the average age for Whites and Hispanics has increased. This neighborhood's rates of death due to COVID-19, Alzheimer's, and unintentional injuries are more than twice as high as the County rates. Deaths due to heart disease and cancer also surpass overall County rates. The rates of death due to heart disease and Alzheimer's have decreased since 2019.

Table 4: Death Statistics (Census Tract 6 vs SJC)

Measure Name	CT 6	Change Since 2019	San Joaquin County
Life expectancy (yrs)	76	-	-
Average Age of Death (yrs)			
Total	61	↓	69
Asian	65	↓	70
Black	47	↑	66
Hispanic	61	↑	65
White	67	↑	71
Age-Adjusted Death Rate - Total	1658	-	916
COVID-19	349*	-	142
Heart Disease	226*	↓↓↓	189
Cancer	197*	↑	186
Alzheimer's	120*	↓↓	50
Unintentional Injuries	111*	↑	48

Refer to technical notes for data sources

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 7



Census tract description:

Census Tract (CT) 7 in Stockton is bounded by the following streets: I-5 on the west, Charter on the south, Hazelton/Scotts on the north, and Union/Aurora on the east. This priority neighborhood is home to 4,680 people, which reflects a five percent increase in the population since 2019.

San Joaquin County Public Health Services, Epidemiology. 12/20/2021

Demographics

The majority of this neighborhood's residents are Hispanic and between the ages of 25 and 64. Since 2019, CT 7 experienced demographic shifts, including notable increases in the Black and White populations, as well as a slight decrease in the Hispanic population. The number of children under five has decreased considerably, while the number of adults aged 45-64 has increased in this neighborhood (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 7 vs SJC)

		CT 7	Change Since 2019	San Joaquin County
Total Population		4,680	↑	742,603
Race/Ethnicity	Asian	15%	↑	15%
	Black	8%	↑↑↑	7%
	Hispanic	67%	↓	41%
	American Indian/Alaska Native	<1%	-	<1%
	Pacific Islander/Native Hawaiian	<1%	-	1%
	White	8%	↑↑↑↑↑	32%
	Multiple Races	2%	-	4%

Gender	Female	51%	↑	50%
	Male	49%	↓	50%
Age Group	0-5 yrs	5%	↓↓	9%
	6-17 yrs	18%	↓	19%
	18-24 yrs	11%	↓	10%
	25-44 yrs	27%	↑	27%
	45-64 yrs	29%	↑↑	24%
	≥65 yrs	11%	↑	13%

Refer to technical notes for data sources

Root Causes of Health

CT 7 fares worse than San Joaquin County (SJC) as a whole across most indicators, including economics, social support, education, and some aspects of transportation, food security, and housing conditions. Disparities are most notable when it comes to adult educational attainment, income, percent living in poverty, employment, homeownership, SNAP enrollment, and automobile access. Compared to SJC, CT 7 fares better on measures of active commuting, retail density, limited English proficiency, and access to grocery stores. Since 2019, CT 7 has improved in terms of income, two parent households, percent of people living in poverty, bachelor's education or higher, retail density, and uncrowded housing.

Table 2: Root Causes of Health (Census Tract 7 vs SJC)

Health Topic	Measure Name	CT 7	Change Since 2019	San Joaquin County
Economic	Income	\$32,836	↑↑	\$64,432
	Living in poverty (<100% Federal Poverty Level)	38%	↓↓	15%
	Employed (ages 20-64 yrs)	49%	↓	68%
Social Support	Two Parent Households	73%	↑	77%
	Limited English Proficiency	33%	-	41%
Education	Preschool Enrollment	39%	↓	44%
	Adults (ages 25+ yrs) with no high school diploma	47%	↓	21%
	Bachelor's Education or Higher	5%	↑↑↑	19%
Food Security	Low Access to Grocery Stores	5%	-	28%
	SNAP Enrollment	32%	-	14%
Transportation	Automobile Access	85%	↓	94%
	Active Commuting	4%	↓↓	4%
Built Environment	Retail Density	1%	↑	<1%*
	Urban Tree Canopy	12%	-	-
Housing	Uncrowded Housing	93%	↑	93%
	Homeownership	34%	↓	57%
Climate and Environment	Drought Risk	-	-	52
	Air pollution: PM2.5 concentration	12	-	-

Adequate income plays an important role in health and well-being; the poverty rate in CT 7 has decreased substantially since 2019, but it is still over double the SJC average

Educational attainment plays a critical role in long-term economic security; while the percent of adults with a Bachelor's/higher has increased markedly in CT 7, it is substantially lower than SJC overall.

SNAP (food assistance) enrollment is over double that of the SJC average, indicating that CT 7 residents need financial assistance to meet basic needs, but that they are receiving support.

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

Compared with the County as a whole, CT 7 has worse outcomes when it comes to pre-term births, babies born at a low birth weight, early prenatal care, and teen births. While the overall birth rate is higher than the County rate, this neighborhood has lower birth rates among Asians and Blacks when compared to the County. Since 2019, CT 7 has improved when it comes to women receiving early prenatal care and teen births. Rates of pre-term birth and low birth weight babies have increased.

Table 3: Birth Outcomes (Census Tract 7 vs SJC)

Measure Name	CT 7	Change Since 2019	San Joaquin County
Pre-term births	14%	↑	9%
Low birth weight	11%	↑	5%
Prenatal care in 1 st trimester	74%	↑	79%
Teen births (mothers ages 15-19 yrs)	9%	↓	5%
Birth Rate			
Total	19	↓	13
Asian	11	↓↓	13
Black	11	↓↓	13
Hispanic	23	↓	16
White	9	↓↓	9

Refer to technical notes for data sources

In CT 7, Blacks are dying at the youngest age when compared to other racial/ethnic groups, followed by Whites and Hispanics. Since 2019, the average age of death for all groups combined has increased. In terms of leading causes of death, CT 7's rates of death due to COVID-19, deaths of despair, and stroke are notably higher than the County averages. In contrast, the rate of death due to heart disease nearly equals the County rate, and the rate of death due to cancer is lower than the County overall average. COVID-19 has replaced homicide among the top five leading causes of death. The rate of death due to stroke has increased since 2019, while the rate of death due to heart disease has decreased.

Table 4: Death Statistics (Census Tract 7 vs SJC)

Measure Name	CT 7	Change Since 2019	San Joaquin County
Life expectancy (yrs)	71	↑	-
Average Age of Death (yrs)			
Total	65	↑	69
Asian	76	↑	70
Black	58	↑	66
Hispanic	63	↑	65
White	62	↑	71
Age-Adjusted Death Rate - Total	1218	-	916
COVID-19	208*	-	142
Heart Disease	190	↓↓	189
Cancer	163	↑	186
Deaths of Despair	154	-	39
Stroke	130	↑↑↑	63

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE Census Tract 16



Census tract description:

Census Tract (CT) 16 in Stockton is bounded by the following streets: Wilson on the west, Weber/Miner on the south, Harding/Cherokee on the north, and D/E St. on the east. This priority neighborhood is home to 2,292 people, which reflects a five percent increase in total population since 2019.

San Joaquin County Public Health Services, Epidemiology.
12/20/2021

Demographics

The majority of this neighborhood’s residents are Hispanic. The majority of CT 16 is aged 25-64, but close to one third of the population is children aged 6-17. This neighborhood has seen demographic shifts since 2019, including a decrease in the Hispanic population and increase in the white population, as well as a considerable decrease in children under five and young adults aged 18-24 (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 16 vs SJC)

	CT 16	Change Since 2019	San Joaquin County
Total Population	2,292	↑	742,603
Race/Ethnicity	Asian	-	15%
	Black	-	7%
	Hispanic	↓	41%
	American Indian/Alaska Native	-	<1%
	Pacific Islander/Native Hawaiian	-	1%

	White	24%	↑↑	32%
	Multiple Races	-	-	4%
Gender	Female	47%	↑	50%
	Male	53%	↓	50%
Age	0-5	6%	↓↓	9%
	6-17	28%	↑↑	19%
	18-24	6%	↓↓	10%
	25-44	33%	↑	27%
	45-64	20%	↓	24%
	≥65	7%	↓	13%

Refer to technical notes for data sources

Root Causes of Health

Overall, CT 16 fares worse than the San Joaquin County (SJC) across most indicators, including economics, some aspects of education, and housing. The disparities are most notable when it comes to income, adults with a bachelor's education, percent living in poverty, adults with no high school diploma, SNAP enrollment, and homeownership. Compared to the County, CT 16 performs better on measures of preschool enrollment, limited English proficiency, active commuting, and retail density. Since 2019, this neighborhood has improved across many indicators, including income, two parent households, percent of people living in poverty, preschool enrollment, and the number of adults with no high school diploma. It fares slightly worse in terms of adult employment, automobile access, and housing habitability.

Table 2: Root Causes of Health (Census Tract 16 vs SJC)

Health Topic	Measure Name	CT 16	Change Since 2019	San Joaquin County	
Economic	Income	\$35,479	↑	\$64,432	Although the average income in CT 16 has increased since 2019, it remains notably lower than SJC overall.
	Living in poverty (<100% Federal Poverty Level)	28%	↓	15%	
	Employed (ages 20-64 yrs)	56%	↓	68%	
Social Support	Two Parent Households	77%	↑	77%	Preschool enrollment plays a critical role in preparing children for long-term educational success; preschool enrollment in CT 16 has more than doubled since 2019 and is higher than SJC overall.
	Limited English Proficiency	20%	-	41%	
Education	Preschool Enrollment	55%	↑↑↑↑↑↑	44%	SNAP (food assistance) enrollment is almost double that of the SJC average, indicating that CT 16 residents need financial assistance to meet basic needs, but that they are receiving support.
	Adults (ages 25+ yrs) with no high school diploma	40%	↓	21%	
	Bachelor's Education or Higher	5%	↑	19%	
Food Security	Low Access to Grocery Stores	-	-	28%	
	SNAP Enrollment	26%	-	14%	
Transportation	Automobile Access	86%	↓	94%	
	Active Commuting	5%	↑↑↑↑↑↑	4%	
Built Environment	Retail Density	3%	↑↑	<1%*	
	Urban Tree Canopy	7%	-	-	
Housing	Housing Habitability	98%	↓	99%	
	Homeownership	34%	↑	57%	
Climate and Environment	Drought Risk	-	-	52	
	Air pollution: PM2.5 concentration	12	-	-	

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

Compared to SJC overall, CT 16 has higher percentages of pre-term births, babies born at a low birth weight, teen births, and fewer women receiving early prenatal care. The birth rate among Hispanics is also higher in this neighborhood when compared to the County. Since 2019, CT 16 has improved in terms of teen births and babies born at low birth weights, but outcomes have worsened when it comes to women accessing early prenatal care and pre-term births.

Table 3: Birth Outcomes (Census Tract 16 vs SJC)

Measure Name	CT 16	Change Since 2019	San Joaquin County
Pre-term births	12%	↑	9%
Low birth weight	8%	↓	5%
Prenatal care in 1 st trimester	71%	↓	79%
Teen births (mothers ages 15-19 yrs)	6%	↓	5%
Birth Rate			
Total	18	↓	13
Asian	6	↓↓	13
Black	11	↑↑↑↑↑	13
Hispanic	23	↓	16
White	9	↓	9

Refer to technical notes for data sources

When compared to SJC overall, every racial/ethnic group in CT 16 has a lower average age of death. There is also a higher age-adjusted death rate. Since 2019, the average age of death for all groups combined has increased slightly, while the average age for Asians, Blacks, and Hispanics has decreased. The rate of death for deaths of despair is almost four times that of the County, and the rate of death due to COVID-19 is more than twice that of the County overall. Cancer, deaths of despair, and COVID-19 have been added to the top five leading causes of death. Since 2019, the death rate due to heart disease has increased.

Table 4: Death Statistics (Census Tract 16 vs SJC)

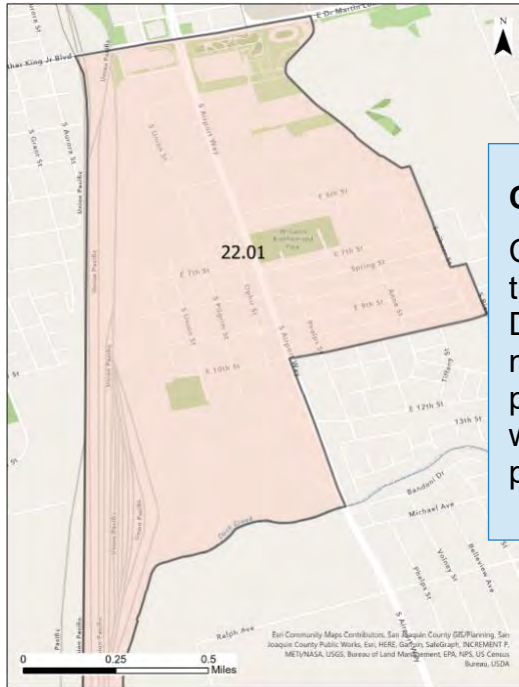
Measure Name	CT 16	Change Since 2019	San Joaquin County
Life expectancy (yrs)	73	-	-
Average Age of Death (yrs)			
Total	65	↑	69
Asian	46	↓↓	70
Black	61	↓	66
Hispanic	60	↓	65
White	67	↑	71
Age-Adjusted Death Rate - Total	1318	-	916
COVID-19	359*	-	142
Heart Disease	218*	↑	189
Cancer	192*	-	186
Deaths of Despair	149*	-	39
Unintentional Injuries	112*	↓	48

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 22.01



Census tract description:
 Census Tract (CT) 22.01 in Stockton is bounded by the following streets: Union/Aurora on the west, Duck Creek Levee on the south, Charter on the north, and Scribner/Bieghle on the east. This priority neighborhood is home to 2,856 people, which reflects a four percent increase in total population since 2019.

San Joaquin County Public Health Services, Epidemiology.
 12/20/2021

Demographics

The majority of this neighborhood’s residents are Hispanic. About one quarter are between the ages of six and 17, and another quarter are between the ages of 25 and 44. Since 2019, CT 22.01 experienced demographic shifts reflected by a substantial increase in the Asian population and a decrease in the Black population. There has also been a decrease in the number of adults aged 65 and over (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 22.01 vs SJC)

		CT 22.01	Change Since 2019	San Joaquin County
Total Population		2,856	↑	742,603
Race/Ethnicity	Asian	2%	↑↑↑↑↑	15%
	Black	17%	↓↓	7%
	Hispanic	75%	↑	41%
	American Indian/Alaska Native	<1%	-	<1%
	Pacific Islander/Native Hawaiian	<1%	-	1%
	White	3%	-	32%
	Multiple Races	3%	-	4%
Gender	Female	53%	↑	50%
	Male	47%	↓	50%

Age Group	0-5 yrs	12%	↑	9%
	6-17 yrs	24%	↓	19%
	18-24 yrs	12%	↓	10%
	25-44 yrs	28%	↑↑	27%
	45-64 yrs	17%	↓	24%
	≥65 yrs	7%	↓↓	13%

Refer to technical notes for data sources

Root Causes of Health

CT 22.01 fares worse than San Joaquin County (SJC) overall on economics, education, food security, and some aspects of social support, transportation, and housing conditions. Disparities are striking when it comes to income, percentage of people living in poverty, employment, preschool enrollment, adult educational attainment levels, and homeownership. CT 22.01 outcomes are relatively better when it comes to access to grocery stores, active commuting, and retail density. Since 2019, CT 22.01 has improved when it comes to income, percentage of people living in poverty, preschool enrollment, bachelor’s education or higher, active commuting, retail density, and housing habitability.

Table 2: Root Causes of Health (Census Tract 22.01 vs SJC)

Health Topic	Measure Name	CT 22.01	Change Since 2019	San Joaquin County	
Economic	Income	\$29,020	↑	\$64,432	Poverty directly impacts health and overall wellbeing. CT 22.01 has a poverty rate almost triple the SJC average, although poverty has decreased since 2019
	Living in poverty (<100% Federal Poverty Level)	41%	↓	15%	
	Employed (ages 20-64 yrs)	53%	↓	68%	
Social Support	Two Parent Households	63%	↓	77%	
	Limited English Proficiency	28%	-	41%	
Education	Preschool Enrollment	28%	↑↑↑↑↑	44%	Preschool plays a significant role in positive social and emotional development; preschool enrollment in CT 22.01 has more than doubled since 2019
	Adults (ages 25+ yrs) with no high school diploma	46%	↓	21%	
	Bachelor’s Education or Higher	5%	↑	19%	
Food Security	Low Access to Grocery Stores	27%	-	28%	
	SNAP Enrollment	36%	-	14%	
Transportation	Automobile Access	84%	↓	94%	
	Active Commuting	5%	↑↑↑↑↑	4%	
Built Environment	Retail Density	<1%	↑↑	<1%*	
	Urban Tree Canopy	8%	-	-	
Housing	Housing Habitability	99%	↑	99%	Homeownership is an element of housing and economic stability; homeownership in CT 22.01 has declined since 2019 and is considerably lower than SJC overall
	Homeownership	37%	↓↓	57%	
Climate and Environment	Drought Risk	3	-	52	
	Air pollution: PM2.5 concentration	12	-	-	

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

When compared with the County, CT 22.01 has higher birth rates among all racial/ethnic groups combined. CT 22.01 outcomes are worse than the County when it comes to pre-term births, early prenatal care, teen births, and babies born at a low birth weight. Since 2019, this neighborhood has seen a significant decrease in teen births as well as an increase of mothers receiving early prenatal care. In contrast, there have been more babies born at a low birth rate. Birth rates among Asians and Blacks have significantly increased since the last assessment.

Table 3: Birth Outcomes (Census Tract 22.01 vs San Joaquin County)

Measure Name	CT 22.01	Change Since 2019	San Joaquin County
Pre-term births	16%	↑	9%
Low birth weight	11%	↑↑↑	5%
Prenatal care in 1 st trimester	74%	↑	79%
Teen births (mothers ages 15-19 yrs)	11%	↓	5%
Birth Rate			
Total	20	↑	13
Asian	18	↑↑	13
Black	21	↑↑↑	13
Hispanic	19	↓	16
White	25	↓	9

Refer to technical notes for data sources

CT 22.01's average age of death for all racial/ethnic groups is lower than County average equivalents. The age adjusted death rate for all groups is also higher than the County average. Compared to 2019, the average age of death in this neighborhood among all groups combined, Whites, and Hispanics has increased, while the average age of death for Asians and Blacks has decreased. In terms of leading causes of death, deaths of despair, cancer, and COVID-19 are considerably higher than the County. Deaths of despair and COVID-19 have replaced diabetes and homicide among the top five leading causes of death in this neighborhood. The rate for heart disease has lowered since 2019.

Table 4: Death Statistics (Census Tract 22.01 vs SJC)

Measure Name	CT 22.01	Change Since 2019	San Joaquin County
Life expectancy (yrs)	73	-	-
Average Age of Death (yrs)			
Total	65	↑	69
Asian	51	↓	70
Black	64	↓	66
Hispanic	59	↑	65
White	70	↑	71
Age-Adjusted Death Rate - Total	1765	-	916
Cancer	429	↑↑↑↑	186
COVID-19	263*	-	142
Heart Disease	180*	↓	189
Unintentional Injuries	158	↑↑↑	48
Deaths of Despair	131	-	39

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 27.01



Census tract description:

Census Tract (CT) 27.01 in Stockton is bounded by the following streets: Highway 99 on the west, Main on the south, Stokes/Cardinal on the north, and Del Mar on the east. This priority neighborhood is home to 6,246 people.

San Joaquin County Public Health Services, Epidemiology. 12/20/2021

Demographics

Over three-quarters of this neighborhood’s residents are Hispanic, and the majority are between the ages of 25 and 64 years old (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 27.01 Compared to SJC)

		CT 27.01	San Joaquin County
Total Population		6,246	742,603
Race/Ethnicity	Asian	2%	15%
	Black	2%	7%
	Hispanic	77%	41%
	American Indian/Alaska Native	<1%	<1%
	Pacific Islander/Native Hawaiian	<1%	1%
	White	19%	32%
	Multiple Races	<1%	4%
Gender	Female	49%	50%
	Male	51%	50%
Age Group	0-5 yrs	8%	9%
	6-17 yrs	10%	19%
	18-24 yrs	13%	10%
	25-44 yrs	38%	27%
	45-64 yrs	24%	24%
	≥65 yrs	7%	13%

Refer to technical notes for data sources

Root Causes of Health

In comparison with San Joaquin County (SJC), CT 27.01 fares worse across economics, education, and some aspects of transportation and housing. The disparities are most striking when it comes to income, percentage of people living in poverty, preschool enrollment, SNAP enrollment, and adults with a bachelor's level education or higher. Outcomes in CT 27.01 are somewhat lower for active commuting and homeownership. In contrast, this neighborhood does better than the County when it comes to two parent households and automobile access.

Table 2: Root Causes of Health (Census Tract 27.01 vs SJC)

Health Topic	Measure Name	CT 27.01	San Joaquin County
Economic	Income	\$38,355	\$64,432
	Living in poverty (<100% Federal Poverty Level)	23%	15%
	Employed (ages 20-64 yrs)	61%	68%
Social Support	Two Parent Households	80%	77%
	Limited English Proficiency	29%	41%
Education	Preschool Enrollment	22%	44%
	Adults (ages 25+ yrs) with no high school diploma	49%	21%
	Bachelor's Education or Higher	3%	19%
Food Security	Low Access to Grocery Stores	26%	28%
	SNAP Enrollment	30%	14%
Transportation	Automobile Access	95%	94%
	Active Commuting	1%	4%
Built Environment	Retail Density	<1%	<1%*
	Urban Tree Canopy	10%	-
Housing	Housing Habitability	99%	99%
	Homeownership	53%	57%
Climate and Environment	Drought Risk	4	52
	Air pollution: PM2.5 concentration	11	-

Income directly impacts health and well-being; the average income in CT 27.01 is about one-half SJC average.

Adult educational attainment is tied to lifelong earnings and ability to meet basic needs; adults in CT 27.01 are much less likely to have a high school diploma compared to SJC overall

SNAP (food assistance) enrollment is over double that of the SJC average, indicating that CT 27.01 residents need financial assistance to meet basic needs, but that they are receiving support.

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

Compared with the County, CT 27.01 has higher birth rates among Asians, Hispanics, and Whites. In particular, the birth rate among Asians is more than three times higher than the County rate. In this neighborhood, there are slightly fewer preterm births. However, there are more babies born at low birth weights, more teen births, and fewer women receiving prenatal care during the first trimester.

Table 3: Birth Outcomes (Census Tract 27.01 vs SJC)

Measure Name	CT 27.01	San Joaquin County
Pre-term births	8%	9%
Low birth weight	6%	5%
Prenatal care in 1 st trimester	76%	79%
Teen births (mothers ages 15-19 yrs)	8%	5%
Birth Rate		
Total	19	13
Asian	41	13
Black	8	13
Hispanic	20	16
White	11	9

Refer to technical notes for data sources

In CT 27.01, the average age of death across all racial/ethnic groups is lower than the County. Additionally, Blacks are dying at the youngest age on average in this neighborhood, followed by Hispanics. The age-adjusted death rate in CT 27.01 is notably higher than SJC. The rates of death due to heart disease, cancer, COVID-19, stroke, and lung disease in this neighborhood are also notably higher than the County rates.

Table 4: Death Statistics (Census Tract 27.01 vs SJC)

Measure Name	CT 27.01	San Joaquin County
Life expectancy (yrs)	76	-
Average Age of Death (yrs)		
Total	57	69
Asian	64	70
Black	56	66
Hispanic	62	65
White	67	71
Age-Adjusted Death Rate - Total	1396	916
Heart Disease	364	189
Cancer	248	186
COVID-19	161*	142
Lung Disease	103	51
Stroke	103	63

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 33.12



Census tract description:

Census Tract (CT) 33.12 in Stockton is bounded by the following streets: El Dorado on the west, Bianchi on the south, Woodstock/Camanache on the north, and Colebrook/Burnham on the east. This priority neighborhood is home to 3,083 people, which reflects a nine percent increase in total population since 2019.

Demographics

A little less than half of CT 33.12's residents are Hispanic and about a quarter are Black. The majority are between the ages of 25 and 64 years old. Since 2019, CT 33.12 experienced demographic shifts reflected by a large increase in the Black population and a decrease in the Hispanic population. The population is trending younger, with an increase in children under five and decreases in adults 45 and older (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 33.12 vs SJC)

		CT 33.12	Change Since 2019	San Joaquin County
Total Population		3,083	↑	742,603
Race/Ethnicity	Asian	16%	↓	15%
	Black	24%	↑↑↑↑↑	7%
	Hispanic	45%	↓↓	41%
	American Indian/Alaska Native	<1%	-	<1%
	Pacific Islander/Native Hawaiian	2%	-	1%
	White	9%	↓	32%
	Multiple Races	4%	-	4%

Gender	Female	51%	↑	50%
	Male	49%	↓	50%
Age Group	0-5 yrs	11%	↑	9%
	6-17 yrs	21%	↑	19%
	18-24 yrs	10%	↑	10%
	25-44 yrs	33%	↑	27%
	45-64 yrs	17%	↓	24%
	≥65 yrs	7%	↓	13%

Refer to technical notes for data sources

Root Causes of Health

Census Tract 33.12 compares worse to San Joaquin County (SJC) on economics, transportation and some aspects of social support, food security, education, and housing. Disparities are most notable when it comes to income, percentage of people living in poverty, high school and bachelor's education, SNAP enrollment, and homeownership. CT 33.12 outcomes are worse when it comes to two parent households, automobile access, and active commuting. In contrast, this neighborhood does better than the County on preschool enrollment, limited English proficiency, retail density, and housing habitability. Since 2019, CT 33.12 has improved in terms of income, two parent households, percentage living in poverty, employment, preschool enrollment, high school and bachelor's level education, automobile access, and active commuting.

Table 2: Root Causes of Health (Census Tract 33.12 vs SJC)

Health Topic	Measure Name	CT 33.12	Change Since 2019	San Joaquin County	
Economic	Income	\$30,729	↑↑	\$64,432	Income and poverty directly impact health and well-being. Average income in CT 33.12 has increased since 2019, though it remains less than half of the SJC average
	Living in poverty (<100% Federal Poverty Level)	42%	↓	15%	
	Employed (ages 20-64 yrs)	60%	↑	68%	
Social Support	Two Parent Households	64%	↑	77%	
	Limited English Proficiency	23%	-	41%	
Education	Preschool Enrollment	51%	↑	44%	SNAP (food assistance) enrollment is almost three times the SJC average, indicating that CT 33.12 residents need financial assistance to meet basic needs, but that they are receiving support
	Adults (ages 25+ yrs) with no high school diploma	32%	↓	21%	
	Bachelor's Education or Higher	7%	↑↑↑↑	19%	
Food Security	Low Access to Grocery Stores	<1%	-	28%	
	SNAP Enrollment	42%	-	14%	
Transportation	Automobile Access	80%	↑	94%	
	Active Commuting	2%	↑	4%	
Built Environment	Retail Density	1%	↓	<1%*	
	Urban Tree Canopy	16%	-	-	
Housing	Housing Habitability	100%	↓	99%	Homeownership is an element of financial and housing stability; homeownership in CT 33.12 has decreased since 2019, and is considerably lower than SJC overall
	Homeownership	11%	↓↓	57%	
Climate and Environment	Drought Risk	-	-	52	
	Air pollution: PM2.5 concentration	11	-	-	

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

Compared to SJC, Census Tract 33.12 has higher birth rates among Blacks, Hispanics, and Whites. There are also more preterm births, teen births, babies born at low birth weights, and fewer women receiving early prenatal care. Since 2019, this neighborhood has improved in terms of low-birth-weight births and teen births, and there are more women receiving prenatal care in the first trimester. However, there was an increase in pre-term births since 2019.

Table 3: Birth Outcomes (Census Tract 33.12 vs SJC)

Measure Name	CT 33.12	Change Since 2019	San Joaquin County
Pre-term births	10%	↑	9%
Low birth weight	8%	↓	5%
Prenatal care in 1 st trimester	76%	↑	79%
Teen births (mothers ages 15-19 yrs)	9%	↓	5%
Birth Rate			
Total	19	↓	13
Asian	12	↑↑	13
Black	20	↓	13
Hispanic	19	↑	16
White	16	↓	9

Refer to technical notes for data sources

In CT 33.12, Blacks are dying at a younger age than any other racial/ethnic group. The average age of death for all groups overall is higher in this neighborhood compared to SJC. The age-adjusted death rate is also notably higher in this neighborhood than the County rate. Since 2019, the average ages of death for all groups combined, Blacks, Hispanics, and Whites have increased. In terms of the leading causes of death, the rate of death due to COVID-19 is about eight times greater than the County average, and death rates due to heart disease, cancer, stroke, and diabetes are also notably higher than SJC. COVID-19 and diabetes have replaced lung disease and unintentional injuries among the top five leading causes of death in this neighborhood. Rates of death due to heart disease, cancer, and stroke have increased since 2019.

Table 4: Death Statistics (Census Tract 33.12 vs SJC)

Measure Name	CT 33.12	Change Since 2019	San Joaquin County
Life expectancy (yrs)	66	-	-
Average Age of Death (yrs)			
Total	70	↑	69
Asian	66	↑	70
Black	61	↑	66
Hispanic	64	↑	65
White	71	↑	71
Age-Adjusted Death Rate - Total			
COVID-19	1158	-	142
Heart Disease	533	↑↑↑↑↑	189
Cancer	211	↑↑↑↑	186
Stroke	181*	↑↑↑↑↑	63
Diabetes	176	-	33

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 38.03



Census tract description:

Census Tract (CT) 38.03 is in the unincorporated community of French Camp and is bounded by the following streets: San Joaquin River on the west, Bowman and Roth on the south, French Camp on the north, and Highway 99 on the east. This priority neighborhood is home to 6,299 people.

San Joaquin County Public Health Services,
Epidemiology. 12/20/2021

Demographics

The majority of this neighborhood's residents are Hispanic and between the ages of 25 and 64 years old. There are notably more males than females in this neighborhood when compared to SJC (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 38.03 vs SJC)

		CT 38.03	San Joaquin County
Total Population		6,299	742,603
Race/Ethnicity	Asian	9%	15%
	Black	12%	7%
	Hispanic	59%	41%
	American Indian/Alaska Native	1%	<1%
	Pacific Islander/Native Hawaiian	1%	1%
	White	18%	32%
	Multiple Races	2%	4%
Gender	Female	38%	50%
	Male	62%	50%
Age Group	0-5 yrs	5%	9%
	6-17 yrs	10%	19%
	18-24 yrs	16%	10%
	25-44 yrs	38%	27%
	45-64 yrs	21%	24%
	≥65 yrs	10%	13%

Refer to technical notes for data sources

Root Causes of Health

CT 38.03 outcomes are worse than San Joaquin County (SJC) overall across topics including housing and some aspects of economics, social support, and education. The disparities are most notable when looking at income, employment, high school and bachelor's level education, and low access to grocery stores. CT 38.03 is also slightly lower when it comes to automobile access, and housing habitability. In contrast, this neighborhood does better when it comes to the percent of the population living in poverty, preschool enrollment, English proficiency, and SNAP enrollment.

Table 2: Root Causes of Health (Census Tract 38.03 vs SJC)

Health Topic	Measure Name	CT 38.03	San Joaquin County	
Economic	Income	\$53,250	\$64,432	Poverty directly impacts health and well-being; a similar but smaller percentage of CT 38.03 residents live in poverty compared to SJC overall
	Living in poverty (<100% Federal Poverty Level)	11%	15%	
	Employed (ages 20-64 yrs)	43%	68%	
Social Support	Two Parent Households	76%	77%	Educational attainment plays a critical role in long-term economic security; a smaller percentage of CT 38.03 adults have a Bachelor's degree or higher compared to SJC overall
	Limited English Proficiency	27%	41%	
Education	Preschool Enrollment	52%	44%	
	Adults (ages 25+ yrs) with no high school diploma	36%	21%	
	Bachelor's Education or Higher	9%	19%	
Food Security	Low Access to Grocery Stores	39%	28%	Access to grocery stores is linked to ability to purchase healthy foods; residents of CT 38.03 have less access to grocery stores than SJC overall
	SNAP Enrollment	10%	14%	
Transportation	Automobile Access	91%	94%	
	Active Commuting	4%	4%	
Built Environment	Retail Density	<1%	<1%*	
	Urban Tree Canopy	5%	-	
Housing	Housing Habitability	96%	99%	
	Homeownership	56%	57%	
Climate and Environment	Drought Risk	17	52	
	Air pollution: PM2.5 concentration	11	-	

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

Compared with SJC, this neighborhood has lower birth rates across all racial/ethnic groups. CT 38.03 has more pre-term births and fewer women receiving prenatal care during the first trimester of their pregnancy. There are also more babies born at low birth weights in this neighborhood when compared to the County.

Table 3: Birth Outcomes (Census Tract 38.03 vs SJC)

Measure Name	CT 38.03	San Joaquin County
Pre-term births	12%	9%
Low birth weight	7%	5%
Prenatal care in 1 st trimester	72%	79%
Teen births (mothers ages 15-19 yrs)	5%	5%
Birth Rate		
Total	10	13
Asian	10	13
Black	4	13
Hispanic	12	16
White	6	9

Refer to technical notes for data sources

In this neighborhood, Hispanics are dying at the youngest age on average when compared to other racial/ethnic groups. The average age of death in this neighborhood for all groups combined is lower than the County average and the age-adjusted death rate is substantially lower in CT 38.03 compared to the County. This neighborhood has higher rates of death due to lung disease and unintentional injuries than the County, but fares better on the other leading causes of death.

Table 4: Death Statistics (Census Tract 38.03 vs SJC)

Measure Name	CT 38.03	San Joaquin County
Life expectancy (yrs)	80	69
Average Age of Death (yrs)		
Total	66	69
Asian	81	70
Black	66	66
Hispanic	62	65
White	66	71
Age-Adjusted Death Rate - Total	772	916
Heart Disease	188	189
COVID-19	128*	142
Cancer	124	186
Lung disease	78	51
Unintentional Injuries	59	48

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 40.01



Census tract description:

Census Tract (CT) 40.01 in the unincorporated community of Thornton is bounded by the following streets: Mokelumne River on the west and north, White Slough on the south, and I-5 on the east. This priority neighborhood is home to 2,215 people.

San Joaquin County Public Health Services, Epidemiology.
12/20/2021

Demographics

The majority of this neighborhood's residents are Hispanic or White, and between the ages of 25 and 64 years old. These numbers track closely to San Joaquin County (SJC) overall.

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 40.01 vs SJC)

		CT 40.01	San Joaquin County
Total Population		2,215	742,603
Race/Ethnicity	Asian	4%	15%
	Black	1%	7%
	Hispanic	54%	41%
	American Indian/Alaska Native	<1%	<1%
	Pacific Islander/Native Hawaiian	<1%	1%
	White	40%	32%
	Multiple Races	1%	4%
Gender	Female	47%	50%
	Male	53%	50%
Age Group	0-5 yrs	7%	9%
	6-17 yrs	18%	19%

18-24 yrs	8%	10%
25-44 yrs	26%	27%
45-64 yrs	23%	24%
≥65 yrs	18%	13%

Refer to technical notes for data sources

Root Causes of Health

CT 40.01 fares worse than the County across some indicators, including economics and some aspects of education and housing. The disparities are striking when it comes to income, percentage of the population living in poverty, and adult educational attainment levels. This neighborhood does slightly worse when it comes to two parent households and homeownership. CT 40.01 does better on measures of preschool enrollment, automobile access, English proficiency, access to grocery stores, SNAP enrollment, and active commuting when compared to SJC.

Table 2: Root Causes of Health (Census Tract 40.01 vs San Joaquin County)

Health Topic	Measure Name	CT 40.01	San Joaquin County
Economic	Income	\$46,607	\$64,432
	Living in poverty (<100% Federal Poverty Level)	24%	15%
	Employed (ages 20-64 yrs)	65%	68%
Social Support	Two Parent Households	75%	77%
	Limited English Proficiency	32%	41%
Education	Preschool Enrollment	54%	44%
	Adults (ages 25+ yrs) with no high school diploma	49%	21%
	Bachelor's Education or Higher	8%	19%
Food Security	Low Access to Grocery Stores	3%	28%
	SNAP Enrollment	12%	14%
Transportation	Automobile Access	98%	94%
	Active Commuting	5%	4%
Built Environment	Retail Density	<1%	<1%*
	Urban Tree Canopy	-	-
Housing	Housing Habitability	99%	99%
	Homeownership	54%	57%
Climate and Environment	Drought Risk	41	52
	Air pollution: PM2.5 concentration	10	-

Poverty directly impacts health and well-being; the poverty rate in CT 40.01 is close to double the SJC average

Educational attainment plays a critical role in long-term economic security; over double the percentage of CT 40.01 adults do not have a high school diploma as compared to SJC overall

Access to grocery stores is linked to ability to purchase healthy foods; residents of CT 40.01 have much better access to grocery stores than SJC overall

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

Compared to SJC overall, CT 40.01 has a higher birth rate among Blacks, while all other racial/ethnic groups have lower birth rates. There are fewer pre-term births, babies born at a low birth weight, and babies born to teen mothers in this neighborhood. There are also more women receiving prenatal care during the first trimester of pregnancy when compared to the County overall.

Table 3: Birth Outcomes (Census Tract 40.01 vs San Joaquin County)

Measure Name	CT 40.01	San Joaquin County
Pre-term births	7%	9%
Low birth weight	4%	5%
Prenatal care in 1 st trimester	80%	79%
Teen births (mothers ages 15-19 yrs)	5%	5%
Birth Rate		
Total	9	13
Asian	0	13
Black	29	13
Hispanic	10	16
White	8	9

Refer to technical notes for data sources

In CT 40.01, the age adjusted death rate is notably lower than the County overall for all groups combined. Hispanics are dying at a younger age than average when compared to other groups. In terms of leading causes of deaths, the rates of death due to heart disease and unintentional injuries are notably higher than the County overall rates, while the rate of deaths due to Cancer is notably lower.

Table 4: Death Statistics (Census Tract 40.01 vs San Joaquin County)

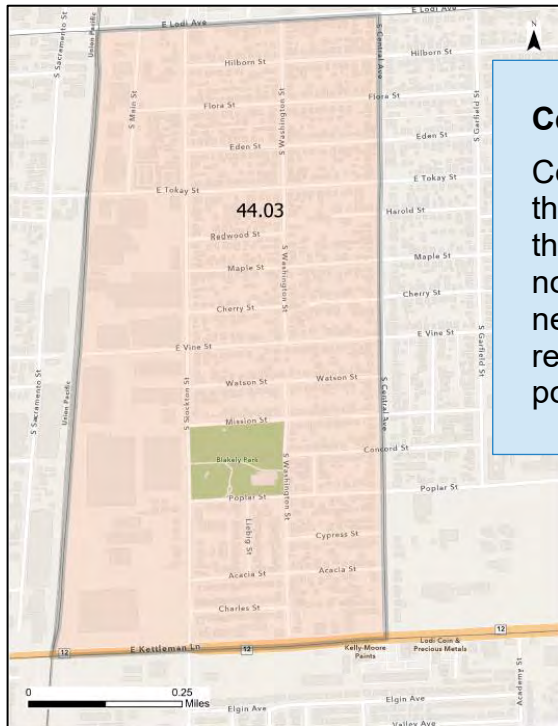
Measure Name	CT 40.01	San Joaquin County
Life expectancy (yrs)	78	-
Average Age of Death (yrs)		
Total	74	69
Asian	-	70
Black	-	66
Hispanic	58	65
White	74	71
Age-Adjusted Death Rate - Total	793	916
Heart Disease	206	189
Cancer	150	186
Deaths of Despair	63*	39
Unintentional Injuries	62*	48
Lung Disease	52*	51

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 44.03



Census tract description:
 Census Tract (CT) 44.03 in Lodi is bounded by the following streets: Sacramento/Stockton on the west, Kettleman on the south, Lodi on the north, and Central on the east. This priority neighborhood is home to 3,798 people, which reflects a nine percent decrease in total population since 2019.

San Joaquin County Public Health Services, Epidemiology.
 10/25/2021

Demographics

The majority of this neighborhood’s residents are Hispanic, with about one-third of the population falling between the ages of 25 and 44. Since 2019, CT 44.03 experienced demographic shifts reflected by a notable increase in the Asian population, a decrease in children six and over and young adults, and an increase in adults older than 65 (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 44.03 vs SJC)

		CT 44.03	Change Since 2019	San Joaquin County
Total Population		3,798	↓	742,603
Race/Ethnicity	Asian	23%	↑↑↑	15%
	Black	<1%	-	7%
	Hispanic	60%	↓	41%
	American Indian/Alaska Native	<1%	-	<1%
	Pacific Islander/Native Hawaiian	<1%	-	1%

	White	16%	↑	32%
	Multiple Races	1%	-	4%
Gender	Female	48%	↑	50%
	Male	52%	↑	50%
Age Group	0-5 yrs	13%	↑	9%
	6-17 yrs	25%	↓	19%
	18-24 yrs	7%	↓↓	10%
	25-44 yrs	33%	↑	27%
	45-64 yrs	15%	↓	24%
	≥65 yrs	7%	↑↑	13%

Refer to technical notes for data sources

Root Causes of Health

When looking at root causes of health, CT 44.03 performs worse than San Joaquin County (SJC) on education and some aspects of economics, transportation, and housing conditions. The disparities are striking when it comes to income, preschool enrollment, adult educational attainment levels, SNAP enrollment, and homeownership. CT 44.03 outcomes are better than SJC when it comes two parent households, active commuting, and housing habitability. Since 2019, this neighborhood has improved in terms of income, two parent households, employment, active commuting, and housing habitability.

Table 2: Root Causes of Health (Census Tract 44.03 vs SJC)

Health Topic	Measure Name	CT 44.03	Change Since 2019	San Joaquin County
Economic	Income	\$40,747	↑↑↑	\$64,432
	Living in poverty (<100% Federal Poverty Level)	30%	↓	15%
	Employed (ages 20-64 yrs)	68%	↑	68%
Social	Two Parent Households	87%	↑	77%
	Limited English Proficiency	36%	-	41%
Education	Preschool Enrollment	5%	↓↓	44%
	Adults (ages 25+ yrs) with no high school diploma	43%	↑	21%
	Bachelor's Education or Higher	4%	↓	19%
Food Security	Low Access to Grocery Stores	11%	-	28%
	SNAP Enrollment	24%	-	14%
Transportation	Automobile Access	88%	↑	94%
	Active Commuting	6%	↑↑↑	4%
Built Environment	Retail Density	0%	↓	<1%*
	Urban Tree Canopy	9%	-	-
Housing	Housing Habitability	100%	↑	99%
	Homeownership	30%	↓	57%
Climate and Environment	Drought Risk	-	-	52
	Air pollution: PM2.5 concentration	11	-	-

Poverty directly impacts health and well-being; although poverty has decreased in CT 44.03 since 2019, the rate is double that of SJC overall

Preschool enrollment plays a critical role in preparing children for long-term educational success; since 2019, preschool enrollment in CT 44.03 has dropped and is substantially lower than SJC overall

SNAP (food assistance) enrollment is almost double that of the SJC average, indicating that CT 44.03 residents need financial assistance to meet basic needs, but that they are receiving support

Refer to technical notes for data sources
*Indicates unstable rates

Birth and Death Statistics

When compared with the County overall, this neighborhood performs better when it comes to pre-term births and babies born at low birth weights. There are more babies born to teen mothers, and fewer women receive early prenatal care. This neighborhood also has much higher birth rates across most racial/ethnic groups. Since 2019, this neighborhood has improved when it comes to teen births, early prenatal care, pre-term births, and babies born at a low birth weight.

Table 3: Birth Outcomes (Census Tract 44.03 vs SJC)

Measure Name	CT 44.03	Change Since 2019	San Joaquin County
Pre-term births	6%	↓	9%
Low birth weight	4%	↓↓	5%
Prenatal care in 1 st trimester	75%	↑	79%
Teen births (mothers ages 15-19 yrs)	8%	↓	5%
Birth Rate			
Total	22	↑	13
Asian	22	↓	13
Black	-	-	13
Hispanic	24	↑	16
White	13	↓	9

Refer to technical notes for data sources

In this neighborhood, Asians are dying at a younger age than other racial/ethnic groups, followed by Hispanics. Across all groups the average age of death is slightly lower than the County average. In terms of the leading causes of death, the rate of death due to COVID-19 is notably higher in this neighborhood than the County overall. Since 2019, the average age of death for all groups combined and Whites has increased, while the average age among Asians and Hispanics has decreased. COVID-19 and lung disease have been added to the top five leading causes of death in this neighborhood. Rates of death due to heart disease, cancer, and stroke have decreased since 2019.

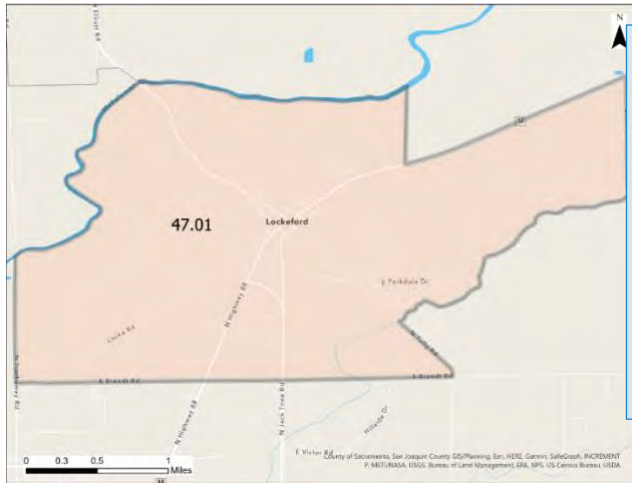
Table 4: Death Statistics (Census Tract 44.03 vs SJC)

Measure Name	CT 44.03	Change Since 2019	San Joaquin County
Life expectancy (yrs)	78	-	-
Average Age of Death (yrs)			
Total	68	↑	69
Asian	51	↑↑	70
Black	-	-	66
Hispanic	58	↓	65
White	71	↑	71
Age-Adjusted Death Rate - Total	897	-	916
COVID-19	388*	-	142
Heart Disease	175	↓↓	189
Cancer	136*	↓	186
Stroke	80*	↓	63
Lung Disease	30*	-	51

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE Census Tract 47.01



Census tract description:

Census Tract (CT) 47.01 in the unincorporated community of Lockeford is bounded by the following streets: Tretheway on the west, Brandt on the south, Mokelumne River on the north, and Disch on the east. This priority neighborhood is home to 2,902 people.

San Joaquin County Public Health Services, Epidemiology.
12/20/2021

Demographics

The majority of this neighborhood's residents are White and between the ages of 25 and 44 years old. There are slightly more males than females when compared to SJC overall (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 47.01 vs SJC)

		Census Tract 47.01	San Joaquin County
Total Population		2,902	742,603
Race/Ethnicity	Asian	<1%	15%
	Black	<1%	7%
	Hispanic	34%	41%
	American Indian/Alaska Native	<1%	<1%
	Pacific Islander/Native Hawaiian	<1%	1%
	White	63%	32%
	Multiple Races	3%	4%
Gender	Female	43%	50%
	Male	57%	50%
Age Group	0-5 yrs	10%	9%
	6-17 yrs	17%	19%

	18-24 yrs	7%	10%
	25-44 yrs	25%	27%
	45-64 yrs	25%	24%
	≥65 yrs	17%	13%

Refer to technical notes for data sources

Root Causes of Health

Overall, CT 47.01 does worse compared to San Joaquin County (SJC) when it comes to some aspects of social support, education, and food security. The disparities are most notable when it comes to two parent households, preschool enrollment, percentage of the population living in poverty, and low access to grocery stores. In contrast, this neighborhood does better when it comes to automobile access, SNAP enrollment, and homeownership.

Table 2: Root Causes of Health (Census Tract 47.01 vs SJC)

Health Topic	Measure Name	CT 47.01	San Joaquin County
Economic	Income	\$63,287	\$64,432
	Living in poverty (<100% Federal Poverty Level)	21%	15%
	Employed (ages 20-64 yrs)	69%	68%
Social Support	Two Parent Households	59%	77%
	Limited English Proficiency	12%	41%
Education	Preschool Enrollment	8%	44%
	Adults (ages 25+ yrs) with no high school diploma	19%	21%
	Bachelor's Education or Higher	19%	19%
Food Security	Low Access to Grocery Stores	47%	28%
	SNAP Enrollment	8%	14%
Transportation	Automobile Access	100%	94%
	Active Commuting	2%	4%
Built Environment	Retail Density	<1%	<1%*
	Urban Tree Canopy	-	-
Housing	Housing Habitability	100%	99%
	Homeownership	77%	57%
Climate and Environment	Drought Risk	11	52
	Air pollution: PM2.5 concentration	10	-

Preschool enrollment plays a critical role in preparing children for long-term educational success; preschool enrollment in CT 47.01 is substantially lower than the SJC average

Access to grocery stores is linked to ability to purchase healthy foods; residents of CT 47.01 have less access to grocery stores compared to SJC overall

Homeownership is an element of economic and housing stability. Residents in CT 47.01 are more likely to own their homes than the SJC average

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

When compared with the County, CT 47.01 has lower birth rates across all racial/ethnic groups. There are fewer pre-term births in this neighborhood when compared to the County and more women receive prenatal care during their first trimester of pregnancy. There are similar rates of babies born at low birth weights and more teen births in this neighborhood.

Table 3: Birth Outcomes (Census Tract 47.01 vs SJC)

	CT 47.01	San Joaquin County
Pre-term births	6%	9%
Low birth weight	5%	5%
Prenatal care in 1 st trimester	83%	79%
Teen births (mothers ages 15-19 yrs)	5%	5%
Birth Rate		
Total	9	13
Asian	0	13
Black	0	13
Hispanic	12	16
White	7	9

Refer to technical notes for data sources

In CT 47.01, the age-adjusted death rate is higher for all groups combined than the County overall. Hispanics are dying at the youngest age on average when compared with other groups, though their age of death is higher than the County overall. In terms of leading causes of death, rates of death due to cancer, heart disease, lung disease, and unintentional injuries are higher than the County. The rate for COVID-19 is lower than the county.

Table 4: Death Statistics (Census Tract 47.01 vs SJC)

Measure Name	CT 47.01	San Joaquin County
Life expectancy (yrs)	79	-
Average Age of Death (yrs)		
Total	75	69
Asian	-	70
Black	-	66
Hispanic	71	65
White	75	71
Age-Adjusted Death Rate - Total	960	916
Cancer	245	186
Heart Disease	203	189
COVID-19	126*	142
Unintentional Injuries	64*	48
Lung Disease	60	51

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 51.09



Census tract description:

Census Tract (CT) 51.09 in Manteca is bounded by the following streets: Main on the west, Moffat on the south, Edison on the north, and Powers on the east. This priority neighborhood is home to 4,209 people, which reflects a six percent increase in total population since 2019.

San Joaquin County Public Health Services, Epidemiology.
12/20/2021

Demographics

The majority of this neighborhood’s residents are Hispanic, followed by White, and almost half are between the ages of 25 and 64. Since 2019, Demographic shifts in CT 51.09 include a decrease in the White population, as well a decrease in children under age 17 and an increase in young adults aged 18-24 (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 51.09 vs SJC)

		CT 51.09	Change Since 2019	San Joaquin County
Total Population		4,209	↑	742,603
Race/Ethnicity	Asian	↑	↑	15%
	Black	1%	-	7%
	Hispanic	57%	↑	41%
	American Indian/Alaska Native	1%	-	<1%
	Pacific Islander/Native Hawaiian	<1%	-	1%
	White	34%	↓↓	32%
	Multiple Races	4%	-	4%

Gender	Female	49%	↓	50%
	Male	51%	↑	50%
Age Group	0-5 yrs	8%	↓	9%
	6-17 yrs	17%	↓	19%
	18-24 yrs	11%	↑↑	10%
	25-44 yrs	32%	↑	27%
	45-64 yrs	19%	↓	24%
	≥65 yrs	14%	↓	13%

Refer to technical notes for data sources

Root Causes of Health

Overall, CT 51.09 fares worse than San Joaquin County (SJC) overall across most indicators, including economics, education, and some aspects of transportation and housing. Disparities are significant when it comes to income, homeownership, bachelor's level education, and SNAP enrollment. CT 51.09 also performs slightly worse on automobile access and adults with no diploma. In contrast, CT 51.09 does better than the County when it comes to two parent households, active commuting, housing habitability, and limited English proficiency. Since 2019, this neighborhood has improved in terms of income, two parent households, percentage of people living poverty, employment, automobile access, housing habitability, and homeownership.

Table 2: Root Causes of Health (Census Tract 51.09 vs SJC)

Health Topic	Measure Name	CT 51.09	Change Since 2019	San Joaquin County
Economic	Income	\$45,093	↑	\$64,432
	Living in poverty (<100% Federal Poverty Level)	17%	↓↓	15%
	Employed (ages 20-64 yrs)	64%	↑	68%
Social Support	Two Parent Households	83%	↑↑	77%
	Limited English Proficiency	15%	-	41%
Education	Preschool Enrollment	43%	↓	44%
	Adults (ages 25+ yrs) with no high school diploma	23%	↑	21%
	Bachelor's Education or Higher	5%	↓	19%
Food Security	Low Access to Grocery Stores	-	-	28%
	SNAP Enrollment	20%	-	14%
Transportation	Automobile Access	90%	↑	94%
	Active Commuting	5%	↓	4%
Built Environment	Retail Density	1%	↓	<1%*
	Urban Tree Canopy	8%	-	-
Housing	Housing Habitability	100%	↑	99%
	Homeownership	33%	↑	57%
Climate and Environment	Drought Risk	-	-	52
	Air pollution: PM2.5 concentration	11	-	-

Poverty directly impacts health and well-being; Poverty rates in CT 51.09 have decreased since 2019 and are similar to the SJC average

Educational attainment plays a critical role in long-term economic security; the percentage of CT 51.09 adults with a Bachelor's degree or higher has decreased since 2019, and remains much lower than SJC overall

Homeownership is an element of housing and economic stability; homeownership in CT 51.09 has increased since 2019 but remains lower than SJC overall

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

When compared with SJC overall, CT 51.09's outcomes are about the same when it comes to pre-term births, low birth weight and prenatal care in the first trimester. This neighborhood has fewer teen births than the County. This neighborhood also has higher birth rates among all racial/ethnic groups than the County overall. Since 2019, there are fewer babies born to teenage mothers, more women receiving early prenatal care, and more babies born at a low birth weight. Birth rates have also decreased among Asians, Hispanics, and Whites since 2019.

Table 3: Birth Outcomes (Census Tract 51.09 vs SJC)

Measure Name	CT 51.09	Change Since 2019	San Joaquin County
Pre-term births	9%	↓	9%
Low birth weight	5%	↑	5%
Prenatal care in 1 st trimester	79%	↑	79%
Teen births (mothers ages 15-19 yrs)	3%	↓↓	5%
Birth Rate			
Total	14	↓	13
Asian	21	↓	13
Black	40	↑↑↑↑↑	13
Hispanic	16	↓	16
White	10	↓	9

Refer to technical notes for data sources

In CT 51.09, Asians are dying at the youngest age on average compared to all other racial/ethnic groups. The age-adjusted death rate among all groups combined is notably higher than the County. This CT's rates of death due to heart disease, cancer, Alzheimer's, and lung disease are all considerably higher than the County. Since 2019, the average age of death among all groups combined and among Whites has increased, while it has decreased among Asians, Blacks, and Hispanics. Lung disease has replaced unintentional injuries among the top 5 leading causes of death in this CT. Rates of death for all top five causes are significantly higher than their corresponding County rates. The rate of death due to cancer has decreased since 2019. The rate for heart disease has increased since 2019.

Table 4: Death Statistics (Census Tract 51.09 vs SJC)

Measure Name	CT 51.09	Change Since 2019	San Joaquin County
Life expectancy (yrs)	72	-	-
Average Age of Death (yrs)			
Total	71	↑	69
Asian	56	↓	70
Black	75	↓	66
Hispanic	64	↓	65
White	72	↑	71
Age-Adjusted Death Rate - Total	1227	-	916
Heart Disease	342	↑	189
COVID-19	272*	-	142
Cancer	199	↓	186
Lung Disease	75*	-	51
Deaths of Despair	72*	-	39

Refer to technical notes for data sources

**Indicates unstable rates*

PRIORITY NEIGHBORHOOD PROFILE

Census Tract 53.03



Census tract description:

Census Tract (CT) 53.03 in Tracy is bounded by the following streets: Tracy on the west, 11th on the south, Grant Line on the north, and Holly on the east. This priority neighborhood is home to 4,870 people, which reflects a four percent increase in total population since 2019.

San Joaquin County Public Health Services, Epidemiology.
12/20/2021

Demographics

The majority of this neighborhood’s residents are Hispanic followed by Whites, and about one-third are between the ages of 25 and 44. Since 2019, Demographic shifts in CT 53.03 include an increase in the Asian population as well as slight decreases in the Black and White populations. There has also been a reduction in the number of young adults aged 18 to 24 (Table 1).

How to read the tables that follow: This profile presents data for the CT and the County, and explores how this CT has changed since the last CHNA was conducted in 2019. The middle column in the tables below illustrates change using up arrows ↑ to indicate an increase and down arrows ↓ to indicate a decrease. One arrow equals a 0-25% change, two arrows equal a 26-50% change, three arrows equal a 51-75% change, four arrows equal a 76-100% change, and five arrows equal a >100% change.

Table 1: Population (Census Tract 53.03 vs SJC)

	CT 53.03	Change Since 2019	San Joaquin County
Total Population	4,870	↑	742,603
Race/Ethnicity	Asian	↑↑	15%
	Black	↓	7%
	Hispanic	↑	41%
	American Indian/Alaska Native	-	<1%
	Pacific Islander/Native Hawaiian	-	1%
	White	↓	32%
	Multiple Races	-	4%
Gender	Female	↓	50%

	Male	53%	↑	50%
Age Group	0-5 yrs	12%	↑	9%
	6-17 yrs	18%	↑	19%
	18-24 yrs	9%	↓	10%
	25-44 yrs	34%	↑	27%
	45-64 yrs	17%	↓	24%
	≥65 yrs	10%	↑	13%

Refer to technical notes for data sources

Root Causes of Health

CT 53.03 fares worse than San Joaquin County (SJC) overall on some aspects of economics, education, transportation, and housing conditions. The disparities are most striking when it comes to income and homeownership. CT 53.03's outcomes are slightly lower when it comes to bachelor's level education, and active commuting. In contrast, outcomes are better when it comes to two parent households, preschool enrollment, limited English proficiency, automobile access, retail density, and housing habitability. Since 2019, this neighborhood has improved in terms of income, two parent households, preschool enrollment, bachelor's education or higher, automobile access, and retail density.

Table 2: Root Causes of Health (Census Tract 53.03 vs SJC)

Health Topic	Measure Name	CT 53.03	Change Since 2019	San Joaquin County
Economic	Income	\$55,481	↑↑	\$64,432
	Living in poverty (<100% Federal Poverty Level)	17%	↓	16%
	Employed (ages 20-64 yrs)	71%	↑	68%
Social Support	Two Parent Households	79%	↑	77%
	Limited English Proficiency	21%	-	41%
Education	Preschool Enrollment	57%	↑↑↑	44%
	Adults (ages 25+ yrs) with no high school diploma	22%	↑	21%
	Bachelor's Education or Higher	13%	↑↑	19%
Food Security	Low Access to Grocery Stores	1%	-	28%
	SNAP Enrollment	15%	-	14%
Transportation	Automobile Access	96%	↑	94%
	Active Commuting	2%	↓↓	4%
Built Environment	Retail Density	1%	↑↑	<1%*
	Urban Tree Canopy	20%	-	-
Housing	Housing Habitability	100%	↓	99%
	Homeownership	31%	↓	57%
Climate and Environment	Drought Risk	-	-	52
	Air pollution: PM2.5 concentration	9	-	-

Preschool contributes to children's social, emotional and academic development; preschool enrollment has increased considerably in CT 53.03 since 2019 and is higher than the SJC average

Active commuting can support physical health and mental wellbeing; since 2019, the rate of active commuting has dropped by half in CT 53.03.

Homeownership is an element of housing and economic stability; homeownership in CT 53.03 has declined since 2019 and is considerably lower than SJC overall

Refer to technical notes for data sources

*Indicates unstable rates

Birth and Death Statistics

CT 53.03 fares better than the County when it comes to pre-term births, babies born at a low birth weight, and babies born to teenage mothers. In contrast, this neighborhood is worse when it comes to women receiving early prenatal care. Since 2019, outcomes worsened when it comes to babies born at a low birth weight and there are fewer women receiving prenatal care during the first trimester. Birth rates among Asians and Whites have increased since 2019, while dropping considerably among Blacks.

Table 3: Birth Outcomes (Census Tract 53.03 vs SJC)

Measure Name	CT 53.03	Change Since 2019	San Joaquin County
Pre-term births	8%	↓	9%
Low birth weight	4%	↑↑	5%
Prenatal care in 1 st trimester	77%	↓	79%
Teen births (mothers ages 15-19 yrs)	4%	↓	5%
Birth Rate			
Total	15	↑	13
Asian	12	↑	13
Black	9	↓↓↓	13
Hispanic	15	↓	16
White	13	↑↑↑	9

Refer to technical notes for data sources

When compared to the County overall, CT 53.03 has a higher age-adjusted death rate across all groups combined. Blacks and Hispanics have the lowest average age of death in this neighborhood compared to all other racial/ethnic groups. Since 2019, the average age of death among all groups combined and among Whites has increased, while it has dropped among Asians, Blacks, and Hispanics. In terms of leading causes of death, this neighborhood has higher rates of death for COVID-19, heart disease, Alzheimer's, and stroke than the County. Rates of death due to cancer are lower than the County. COVID-19 has replaced lung disease among the leading causes of deaths in this neighborhood. The rate of death due to cancer has decreased since 2019, while the rates of death due to heart disease and stroke have increased. Rates for Alzheimer's remained the same as 2019.

Table 4: Death Statistics (Census Tract 53.03 vs SJC)

Measure Name	CT 53.03	Change Since 2019	San Joaquin County
Life expectancy (yrs)	76	-	-
Average Age of Death (yrs)			
Total	82	↑	69
Asian	89	↓	70
Black	68	↓	66
Hispanic	67	↓	65
White	83	↑	71
Age-Adjusted Death Rate - Total	1162	-	916
COVID-19	234*	-	142
Heart Disease	225	↑↑	189
Cancer	165	↓↓	186
Alzheimer's	92*	-	50
Stroke	88*	↑↑↑↑↑	63

Refer to technical notes for data sources

**Indicates unstable rates*

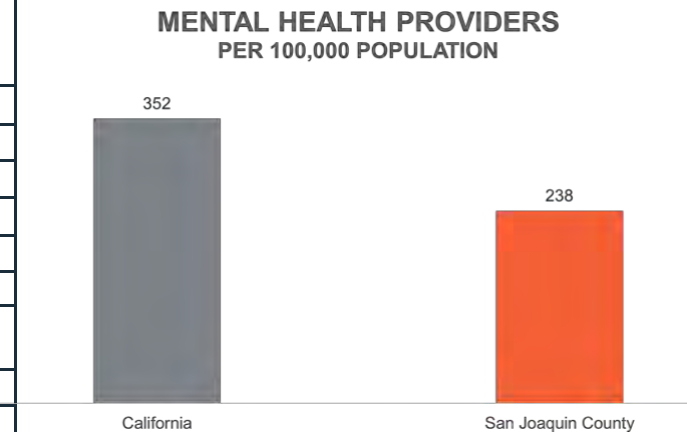
B. Health Need Profiles

Mental health/behavioral health including substance use

Rationale: Why this is a Critical Health Need

Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health. Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health and substance use treatment services.

Mental/behavioral health	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Mental health providers per 100,000 population	Yes	NA
Deaths of despair per 100,000 population	Yes	No
Suicide deaths	No	No
Poor mental health (days per month)	Yes	NA
Substance use		
Current smokers	Yes	NA
Opioid-related overdose deaths per 100,000 population	No	NA
Alcohol-impaired driving deaths	No	NA
Excessive drinking	No	NA



Key Findings and Disparities Across San Joaquin County (based on health data)

- Residents of SJC have access to significantly fewer mental health care providers than CA overall. SJC has 33% fewer mental health practitioners than the state.

- Rates of deaths of despair (death due to suicide, alcohol-related disease, and drug overdoses) are 25% higher among SJC residents (43 per 100,000 population) than CA as a whole (34 per 100,000 population); Asian and Hispanic residents have significantly lower rates of deaths of despair and fewer suicides than White residents.
- SJC residents experience significantly more poor mental health days per month (4.4) than the CA average (3.7).
- 15% of SJC adults are currently smokers, compared to only 11% of Californians.

What Community Stakeholders Say About Mental Health and Substance Use (based on key informant interviews and focus groups)

Overall

- 69% (20 of 29) focus groups and 6/10 key informants identified mental health as a top priority in SJC.
- 45% (13 of 29) focus groups and 1/10 key informants identified substance use as a top priority in SJC.
- Many focus group participants expressed concern about the increase in substance use in their communities, particularly the rise in drug and alcohol use among children/adolescents and unhoused residents.
- Existing resources for mental health care, like the San Joaquin County Pride Center, El Concilio, and other local, small non-profit organizations, need support. Key informants discussed the County’s inadequate treatment capacity for substance use disorders; several key informants emphasized the importance of treating substance use while concurrently addressing mental health issues and homelessness, often co-occurring problems.
- Focus group participants frequently linked substance use with a threat to community health and safety, expressing frustration with drug-related activities in public spaces that result in trash/blight and prevent spaces being used for recreation and physical activity.

Disparities

- Key informants described how every vulnerable or underserved population in San Joaquin County has been disproportionately impacted by the insufficient availability

“Anything that we can do to get more mental health services in pre-K to 12th grade is going to be a great thing. And even in childcare facilities. There’s not a lot of this happening locally, except in Early Head Start where mental health services are available to children and families at a very young age. That’s the model that is going to set a child up in such a better way because you’re dealing with childhood trauma right then and there, and working with the family to let them know it’s okay to receive services when you need them for mental health.”
 – *Community Based Organization*

“COVID-19 has created significant mental health struggles that are being experienced universally (helping with stigma) but services to address or even acknowledge the grief being faced are in short supply with very long waitlists.”
 – *Focus Group Participant*

of mental health services, listing children, adolescents, the elderly, those who identify as LGBTQ+, unhoused people, people of color, immigrants, rural communities, and low-income residents as having the greatest needs around accessible mental health services. Barriers to access included cost, lack of insurance coverage, transportation, language and cultural or social stigma.

- Focus group participants stated that more needs to be done to reduce stigma around seeking mental health care, especially for people of color, non-English speakers, LGBTQ+ and unhoused individuals.

Impact of COVID 19

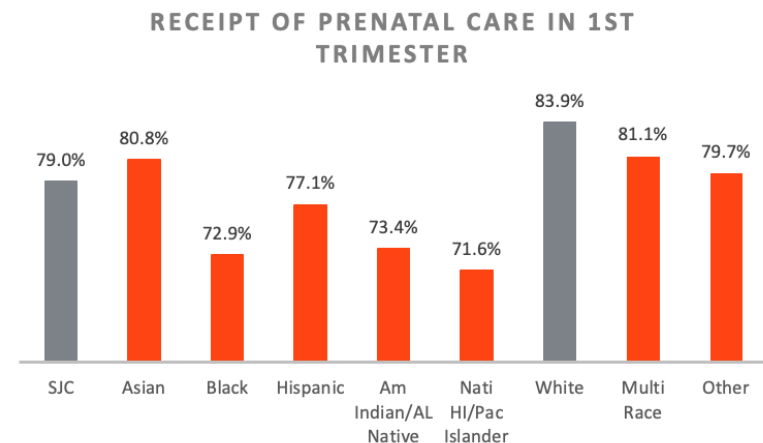
- The pandemic has taken a toll on mental health. Focus group participants reported feelings of depression, anxiety, fear, boredom, isolation and despair.
- Focus group participants and key informants stated that many people turned to unhealthy coping strategies, such as alcohol or drug use, to manage mental health, in part because of the perception that mental health services were unavailable or inaccessible.
- A few focus group participants mentioned that the societal changes of 2020, created by the pandemic and the social unrest caused by protests against racially motivated police brutality, led to increased stress and fear of racial discrimination and social injustice.

Access to care

Rationale: Why this is a Critical Health Need

Access to comprehensive, quality healthcare is important for health and for increasing the quality of life for everyone. Components of access to and delivery of care include: insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality and transparency; and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affect health and quality of life.

Access to care	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Infant deaths (per 1000 live births)	Yes	No
Uninsured children (ages <19 yrs)	No	Yes
Insured (ages 19-64 yrs)	No	Yes
Medicaid/public insurance enrollment	No	No
Low birth weight	Yes	Yes
Pre-term births	Yes	Yes
Prenatal care in 1st trimester	Yes	Yes
Dentists per 100,000 population	Yes	NA
Primary care physicians per 100,000 population	Yes	NA



Key Findings and Disparities Across San Joaquin County (based on health data)

- SJC residents have access to significantly fewer health care providers than the CA average. SJC has 26% fewer primary care physicians (59 per 100,000 population) and 34% fewer dentists (58 per 100,000 population) than the state benchmarks (80 and 87 per 100,000, respectively).
- Pregnant and postpartum mothers and their babies in SJC experience significantly worse outcomes compared to CA averages: infant deaths per 1,000 live births in SJC (6) are 50% higher than CA (4), low birth weight (8%) is almost 10% higher than CA (7%), preterm births (10%) occur over 10% more often than CA as a whole (9%).
- The percentage of mothers receiving prenatal care in the first trimester in SJC (80.8%) is significantly worse than the CA benchmark (84%). In addition, Hispanic, Black and Multiracial mothers all have a significantly lower likelihood of receiving prenatal care than White mothers in SJC.

- SJC has a higher percent of insured children and adults than CA, but disparities are present; Hispanic children (16%) are more likely to be uninsured than White children, and Hispanic, Asian, Black and Multiracial adults are more likely to be uninsured than White SJC adults.

Communities Disproportionately Impacted (based on Priority Neighborhood Profiles)

- Eleven of the 14 Priority Neighborhoods have lower access to prenatal care in the first trimester of pregnancy as compared to SJC overall.
- Over half of the Priority Neighborhoods have higher rates of low-birth-weight babies compared to the County. Low birth weight can be addressed with early access to prenatal care.
- CT 22.01(Stockton) saw a 62% increase in low-birth-weight babies since 2019.

What Community Stakeholders Say About Access to care (based on key informant interviews and focus groups)

Overall

- 45% (13 of 29) focus groups and 3 of 10 key informants identified access to care as a top priority health need in SJC.
- Many key informants and focus group participants stated that even with health insurance, access to specialty care of all kinds is problematic. Key informants cited numerous barriers to care: few local specialists, inadequate appointment availability, inadequate insurance coverage and language/cultural barriers.
- Additional financial barriers to care cited by focus group participants included high costs for medical/dental services, insurance, co-pays and prescriptions.

Disparities

- Focus group participants described too few healthcare providers who speak their languages or understand their cultures, echoing a common theme expressed by key informant interviewees who cited a need for more culturally appropriate and sensitive providers. In addition, key informants emphasized the need for provider training in patient care for LGBTQ+ residents and those with diverse gender expressions.

“The way healthcare is going, people who were already struggling with their day-to-day, they don’t have the time to find out what they need to do, or they may not have the tools to get there, or they’re afraid of the costs.... People are apprehensive. In my experience working with families, they’ll tell you horror stories about how they got stuck with a bill that they didn’t expect.” – *Community Based Organization Leader*

- Several focus group participants described limited access to pharmacies, especially for residents with transportation or mobility barriers.
- One key informant identified lack of access to care as an important factor influencing birth outcomes for Black women in SJC.

Impact of COVID 19

- Many focus group participants discussed the negative impact of the switch to telephone/online healthcare, perceiving the care as inadequate to address their needs and plagued by internet access issues, making online visits difficult or impossible for residents in a number of SJC communities.

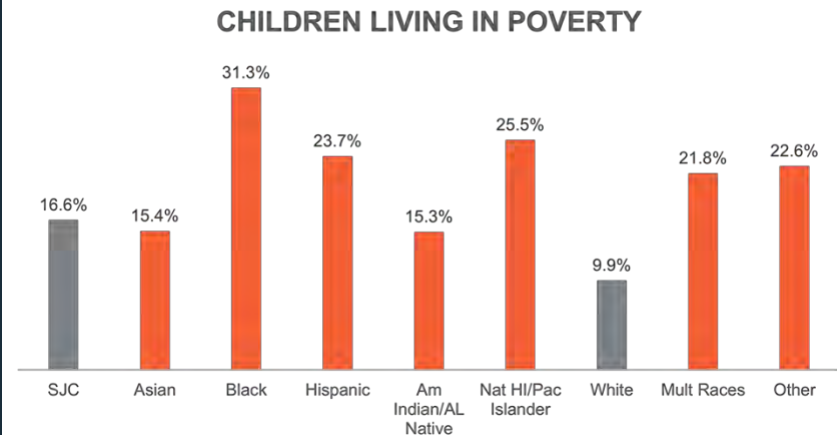
“COVID made doctors go to video chat and this is horrible when you are trying to manage your illness and have medical needs to attend to...This makes a distance between the patients and the doctors. – *Focus Group Participant*

Income & employment

Rationale: Why this is a Critical Health Need

People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of well-resourced schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can create sustainable improvements in the physical and mental health of individuals and communities.

Income & employment	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Income	Yes	Yes
Employed (ages 20-64 years)	Yes	Yes
Jobs Proximity Index	No	NA
Income inequality – Gini Index	No	NA
Living in poverty (<100% Fed Poverty Level)	Yes	Yes
Seniors (ages 65+ years) living in poverty	No	Yes
Children living in poverty	No	Yes
Free and reduced price lunch	Yes	NA
Young people not in school and not working	Yes	NA
High speed internet	Yes	Yes



Key Findings and Disparities Across San Joaquin County (based on health data)

- Among employed SJC residents, average yearly income (\$64,000) is almost 15% less than the CA average (\$75,000); average income for White SJC residents is close to the CA average, but Hispanic (\$59,000), Black (\$46,000), Native American (\$60,000) and multiethnic (\$58,000) residents earn significantly less.
- 53% of SJC residents (ages 20-64) are employed, almost 30% lower than the CA average (74% employment); SJC Hispanic and Black residents are significantly less likely to be employed than White SJC residents.
- The poverty rate in SJC (15%) is significantly higher than the CA average (13%); Hispanic (18%), Asian (12%), Black (22%) and multiethnic residents (18%) have much higher poverty rates than White SJC residents.

- High-speed Internet access among SJC residents is significantly lower than the CA average; Hispanic (84%), Black (82%) and American Indian/Alaskan Native (80%) residents have significantly less Internet access than White SJC residents (88%).

Communities Disproportionately Impacted (based on Priority Neighborhood Profiles)

- All 14 Priority Neighborhoods have lower average income than SJC overall.
- Adult employment is low in the Priority Neighborhoods; 12 of the 14 have lower rates of adult employment as compared to the County average.
- Census Tract 1 (Stockton) has the lowest average income (\$16,289) among the Priority Neighborhoods, and almost 60% of this neighborhood’s population lives in poverty.

What Community Stakeholders Say About Income & Employment (based on key informant interviews and focus groups)

Overall

- 2 of 29 focus groups and 3 of 10 key informants identified income and employment as a top priority in SJC.
- According to the key informants, income and employment challenges in SJC influence health behaviors that exacerbate chronic disease and disability, reduce food security, limit healthy food and physical activity choices, erode mental health, and impact substance use.
- Focus group participants stated that the cost of living in their communities has substantially increased recently, and that many of the jobs available do not offer enough compensation to offset cost increases.
- Key informants suggested that targeted investments and strategic multi-sector planning are needed for the economy to benefit all residents equally. Focus group participants want more help for unemployed residents to access jobs, through employment placement programs, job fairs and employment resources available in multiple languages.

“To be food insecure, housing insecure—these are still issues in our County, in some of our low-income areas, that you may not see in other parts of the state. You can’t expect a child to learn in school if they’re hungry...or don’t know where they’re going to sleep at night. There are so many things that are tied into a basic notion that you’re going to have a place to sleep and food to eat....”
 – *Community Based Organization Leader*

Disparities

- Key informants reported that income and employment are unstable in SJC, especially for historically underserved populations. Several key informants identified factors contributing to income and employment challenges: elevated high-school drop-out rate, insufficient vocational training, and limited jobs that pay living wages.
- Key informants highlighted the food purchasing challenges faced in low-income communities, where income-earners often work multiple jobs to pay rent, bills, and provide food for their families.

Impact of COVID 19

- Focus group participants reported extensive job loss as a result of the COVID-19 pandemic, impacting residents' ability to maintain housing, provide their families with healthy foods, and access medical care.
- Key informants stated that people of color in SJC were disproportionately affected by the economic insecurity caused by the pandemic and inequities became more apparent.

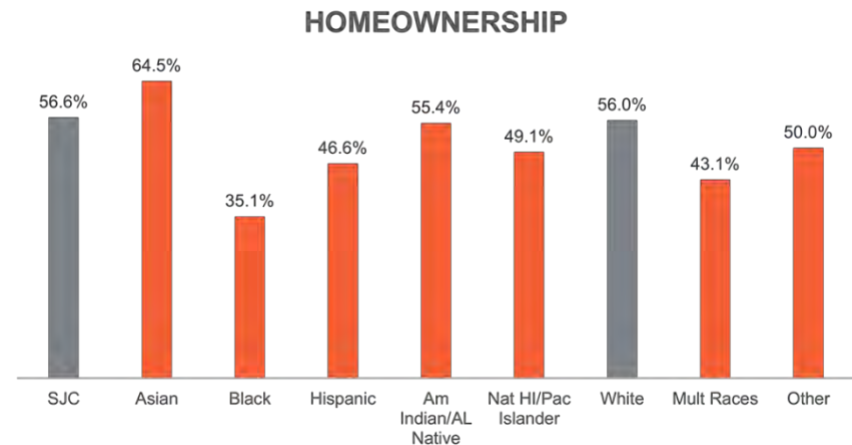
“COVID-19 has impacted us because me and my partner lost our jobs and housing. Due to homelessness, we are now in a shelter where we are separated due to family limitations. The pandemic stopped a lot of people from being able to do their jobs properly, putting the community on a hold”. – *Focus Group Participant*

Housing

Rationale: Why this is a Critical Health Need

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. Higher expenditures can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death.

Housing	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Homeownership	No	Yes
Uncrowded housing	No	Yes
Low-income renters (Severe housing cost burden)	No	NA
Low-income Homeowner (Severe housing cost burden)	No	NA
Severe housing cost burden	No	NA
Median rental cost	No	NA
Housing Habitability	No	NA
Housing affordability index	No	NA
Percent of income for mortgage	No	NA



Key Findings and Disparities Across San Joaquin County (based on health data)

- When compared to CA overall, indicators of housing instability in SJC are better than state averages. However, this comparison is skewed due to coastal CA cities with some of the highest housing costs in the nation.
- The homeownership rate in SJC is similar to CA overall, but for SJC residents of color, rates significantly decline. Hispanics (47%), Blacks (35%), multiethnic residents (43%), Native Hawaiian/Pacific Islanders (49%) and American Indian/Alaskan Natives (55%) are significantly less likely to own their home than White SJC residents (56%).

- Rates of uncrowded housing are similar in SJC to the CA average, but Hispanic (87%) and Asian (88%) SJC residents experience the highest rates of crowded housing.

Communities Disproportionately Impacted (based on Priority Neighborhood Profiles)

- Homeownership is lower in 13 of the 14 Priority Neighborhoods when compared to the County overall.
- CT 1 (Stockton) has substantially lower rates of homeownership than the County (2% versus 57%) and homeownership has decreased in this Priority Neighborhood by 50 percent since 2019.

What Community Stakeholders Say About Housing (based on key informant interviews and focus groups)

Overall

- 34% (10 of 29) focus groups and 5 of 10 key informants identified housing as a top priority in SJC.
- Focus group participants and key informants linked housing challenges such as rent affordability and multigeneration or crowded households to significant anxiety, leading to mental health difficulties and interpersonal issues, sometimes escalating to domestic violence.
- Key informants listed many challenges to addressing homelessness, including lack of political will; zoning and permitting impeding the construction of affordable, multi-unit housing; lack of treatment options for mental illness/substance abuse; resident opposition to the construction of affordable, supportive housing in neighborhoods; and limited funding and resources for transitional/permanent supportive housing.

“Housing is the reason why people are homeless. The reason why people are homeless in our county in such large numbers is because over half of citizens are rent burdened. Even if they can find and maintain stable housing, they can’t afford it. They’re struggling to even buy necessities like food.... I really cannot overemphasize how much housing is the root of a lot of our issues in the community” –
Community Based Organization Leader

Disparities

- Focus group participants reported that there is inadequate affordable housing in their communities, there are long wait lists for affordable housing, and that neighborhoods with affordable housing are less safe.

“The unhealthiest things about my community are the amount of homelessness and lack of mental health services. The large amount of homelessness makes me feel unsafe to walk or ride my bike.” –
Focus Group Participant

Impact of COVID 19

- According to several key informants, in spite of targeted federal assistance and eviction moratoriums during the COVID-19 pandemic, housing instability and homelessness have increased in SJC.

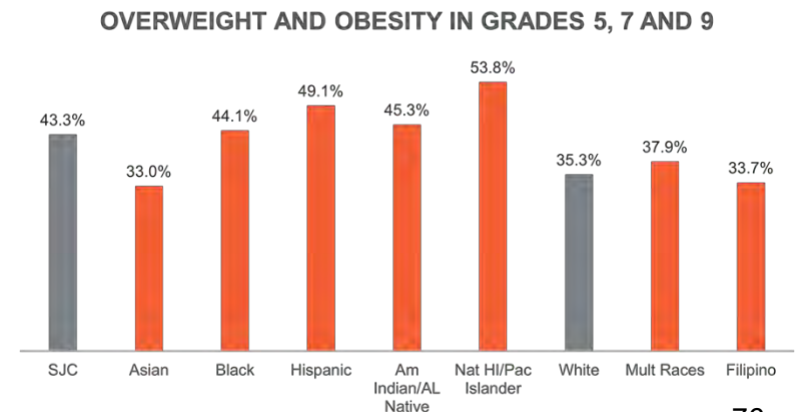
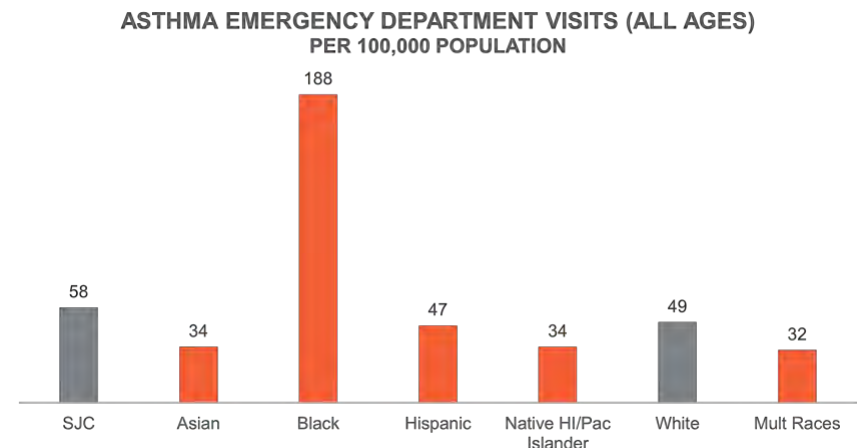
Chronic disease/HEAL

Rationale: Why this is a Critical Health Need

Six in ten Americans live with at least one chronic disease, which are the primary causes of poor health outcomes and death and a leading driver of health care costs. Those who have limited access to healthy foods have a higher risk of developing a chronic disease, such as obesity, heart disease, diabetes or asthma. Along with a healthy diet, physical activity is key to preventing and reducing complications from chronic diseases. This exploration of chronic disease focuses on the most common chronic conditions causing illness and death and does not include many other chronic conditions, including autoimmune diseases.

Chronic disease*	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Poor physical health (days per month)	Yes	NA
Heart disease hospitalizations	Yes	Yes
Heart disease deaths	Yes	Yes
Stroke hospitalizations	No	Yes
Stroke deaths	Yes	Yes
Diabetes prevalence (ages 18+ years)	Yes	No
Asthma ED visits (all ages)	Yes	Yes
Asthma Hospitalizations (all ages)	No	Yes
Asthma ED visits (ages 0-17 years)	Yes	NA
Asthma Hospitalizations (ages 0-17 years)	Yes	NA
HEAL opportunities*		
Obesity (ages 18+ years)	Yes	Yes
Overweight/obesity (grades 5,7,9)	Yes	Yes
Physical inactivity (ages 18+ years)	Yes	NA
Exercise opportunities	Yes	NA
Food security*		
Food insecure	Yes	NA
SNAP enrollment	Yes	Yes

*Table includes selected indicators that are worse than CA average or illustrate disparities



Key Findings and Disparities Across San Joaquin County (based on health data)

- SJC residents have significantly (20%) more days per month of poor physical health than the CA average.
- The heart disease death rate in SJC (154 per 100,000 population) is 10% higher (140 per 100,000) than CA overall, and death from stroke (52 per 100,000) is 38% higher (37 per 100,000). Black SJC residents have the highest rates of hospitalization for cardiovascular disease and are 40% more likely to be admitted for heart disease and almost 70% more likely to be admitted for stroke than White residents.
- Pediatric emergency department (ED) visits and hospitalizations for asthma are approximately 15% higher in SJC than the CA average. Black SJC residents with asthma visit the ED at a significantly (almost 300%) higher rate than White residents, and are hospitalized at a significantly (370%) higher rate.
- Diabetes is among the top five causes of death for Asian and Native Hawaiian/Pacific Islander residents.
- Approximately 34% of adults in SJC experience obesity, compared to only 27% within CA; American Indian/Alaskan Native SJC adults have a significantly higher rate of obesity (40%) than White adults (31%).
- For SJC children in grades 5, 7 and 9, the obesity rate (43%) is significantly higher than the CA average (40%). SJC Native Hawaiian/Pacific Islander children have the highest obesity rate-- over 50% higher than SJC White children (35%); SJC Hispanic children have an obesity rate nearly 40% higher than White children.
- Adults in SJC have a significantly (nearly 50%) higher rate of physical inactivity than adult Californians.
- Over 12% of SJC residents are food insecure, significantly higher than the CA average.
- SJC SNAP (food assistance) enrollment is over 60% higher than CA overall. Black, Hispanic, American Indian/Alaskan Native and multiethnic (19%) SJC residents all have at least double the rate of SNAP enrollment compared to white SJC residents.

Communities Disproportionately Impacted (based on Priority Neighborhood Profiles)

- Heart disease is one of the top five leading causes of death across all 14 Priority Neighborhoods.
- CT 33.12 (Stockton) saw a substantial increase in rates of death from heart disease (160% increase) and stroke (106% increase) since 2019, and these rates are more than double the SJC average.

What Community Stakeholders Say About Chronic Disease, HEAL Opportunities and Food Security (based on key informant interviews and focus groups)

Overall

- 45% (13 of 29) focus groups and 4 of 10 key informants identified chronic disease as a top priority health need in SJC.

- 38% (11 of 29) focus groups identified HEAL opportunities as a top priority health need in SJC, and 5 of 10 key informants mentioned it.
- Focus group participants cited lack of accessible preventive care as contributing high rates of diabetes, heart disease, obesity (adult and pediatric), asthma and cancer.
- Key informants linked obesity and diabetes to food insecurity and limited HEAL opportunities. Most identified poverty as the driving force behind limited HEAL opportunities, while some discussed how residents need accessible nutrition education within their communities.
- Key informants cited HEAL challenges: lack of access to healthy food (few grocery stores); easy access to cheap unhealthy food (fast food, liquor stores, unhealthy food at schools and food banks); few safe places for physical activity; and little understanding of healthy lifestyle and how to prepare healthy foods.
- Focus group participants cited the rapidly increasing price of food as a concern, especially for high quality foods, such as fresh or organic products.

“If I don’t really have a way to get to an actual grocery store where I can buy better, healthier foods, and if my income is limited, then it’s cheaper to buy junk food. Depending on your socioeconomics, not having access to healthier food and the costs associated with making healthier food choices is an indirect contributor to diabetes”
 – *Community Based Organization Leader*

“...[I]t makes a difference to live in highly industrial neighborhoods that are surrounded by freeways. Air quality and noise make it difficult to be physically or mentally healthy there. There is little access to healthy, affordable foods on the South and East sides of Stockton, especially for those with mobility and transportation issues. Many of the spaces that have been created for physical activity (like parks and walking paths) don’t feel safe.”
 – *Focus Group Participant*

Disparities

- Key informants stated that high chronic disease rates among low income communities are symptoms of larger societal problems, describing that residents living in poverty do not have the luxury of time or money to prioritize physical health; stress resulting from poverty and discrimination, untreated mental illnesses, and care access issues were cited as contributing to chronic disease rates.

Impact of COVID 19

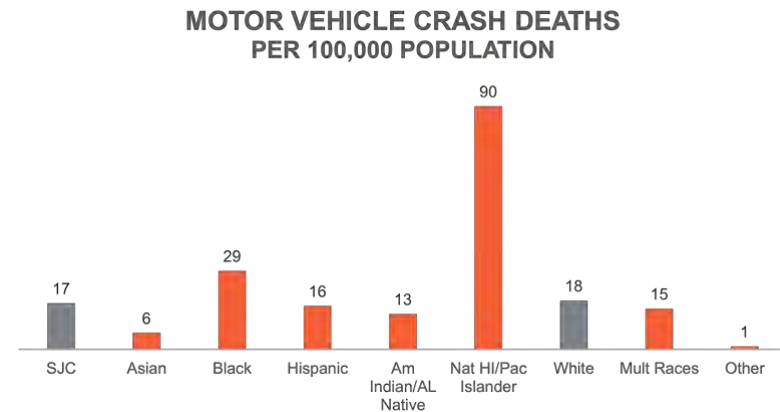
- Factors that limit access to healthy foods and physical activity in SJC were exacerbated by the COVID-19 pandemic. According to focus group participants, many residents experienced a drop in their overall health over the past 22 months, due in part to moving less because of isolating and eating more from stress, anxiety or boredom. These negative impacts were especially felt in disadvantaged and marginalize communities, including unhoused people, LGBTQ+ individuals, those living in poverty, and those living in rural areas.

Community safety

Rationale: Why this is a Critical Health Need

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes for victims, perpetrators, and the community at large. Communities that have been systematically marginalized experience higher rates of violence. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color—particularly males—is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.

Community safety	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Injury deaths	Yes	Yes
Motor vehicle crash deaths	Yes	Yes
Pedestrian accident deaths	Yes	Yes
Violent crimes	Yes	NA
Premature death (YPLL)	Yes	NA



Key Findings and Disparities Across San Joaquin County (based on health data)

- The rates for deaths caused by injuries and motor vehicle crashes in are significantly worse in SJC than the CA average, with Black SJC residents experiencing significant disparities; the injury death rate is 35% higher for Black residents compared to White residents and motor vehicle fatalities are 59% higher for Black residents than White residents.
- Pedestrian deaths for Black SJC residents are over twice the rate for White residents.
- The rate of violent crimes in SJC (788 per 100,000 population) is almost 80% higher than CA overall (439 per 100,000).

- SJC has a significantly higher rate of premature death than CA overall; with years of potential life lost under age 75 (YPLL) 38% higher than the CA average.

What Community Stakeholders Say About Community Safety (based on key informant interviews and focus groups)

Overall

- 28% (8 of 29) focus groups identified community safety as a top priority health need in SJC and 2 out of 10 key informants mentioned it.
- Focus group participants discussed crime and drug use in their communities, reporting that public spaces created for physical activity (parks, sidewalks or bike paths) don't feel safe because of gang violence, homelessness, discarded drug paraphernalia, broken lights and rundown equipment.
- Focus groups perceived unhoused populations, mental illness, domestic violence and neighborhood blight as increasing the likelihood of crime and violence in their communities.

“Violence is still disproportionate to the African American communities here. Issues of policing and all of those things certainly have an impact on the health of those residents.”
– *Community Based Organization Leader*

Disparities

- LGBTQ+, unhoused individuals and African American focus group participants expressed fear about personal violence while out in public, and believed that law enforcement is not as present and helpful in managing crime as they should be.
- Focus group participants discussed the need for improved relationships between law enforcement and the community, particularly for communities of color and unhoused individuals.
- Key informants linked violence to racial/ethnic disparities, citing disproportionate impacts of violence on African American and Asian communities and pointing out that policing practices increase stress and negatively impact the health of African American residents.

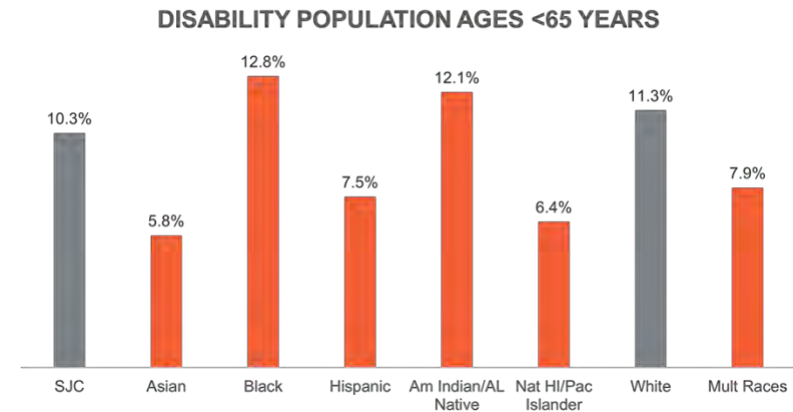
“[Priority issues are] police relations with the community, ...the high rate of substance abuse in the Black community, domestic violence rates, and the spread of hate between race groups. – *Focus Group Participant*

Family and social support

Rationale: Why this is a Critical Health Need

The presence or absence of a strong social support network affects all aspects of life, including physical and mental wellbeing. Communities are the context in which families prosper or struggle, highlighting the importance of identifying areas of need and disparity and leveraging community resources to address them.

Family and social support	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Disability Population (all ages)	Yes	NA
Disability Population (ages <65 years)	Yes	Yes
Limited English proficiency	No	Yes
Seniors living alone (ages 65+ years)	No	NA
Two parent households	No	NA
Voting in 2020	Yes	NA



Key Findings and Disparities Across San Joaquin County (based on health data)

- Almost 13% of SJC residents of all ages are living with a disability. SJC Black (13%) residents have the highest disability rates.
- Limited English proficiency is similar in SJC as compared to the CA average (40%); all SJC racial and ethnic groups have significantly higher rates of limited English proficiency than White and Black residents.
- Residents of SJC were less likely to have voted in the 2020 election than the Californians overall (63% versus 71%).

Communities Disproportionately Impacted (based on Priority Neighborhood Profiles)

- Nine of the 14 Priority Neighborhoods have higher teen birth rates (mothers aged 15-19) than the County overall.
- Eight of the 14 Priority Neighborhoods have lower rates of two-parent households when compared to the County overall.

What Community Stakeholders Say About Family and Social Support (based on key informant interviews and focus groups)

Overall

- 52% (15 of 29) of focus groups identified family and social support as a top priority in SJC, and 4 of 10 key informants mentioned it.
- Focus group participants perceived that social connections are integral to creating and sustaining healthy communities with large support networks.
- Several focus group participants expressed a need for affordable childcare and afterschool programs.

Disparities

- One key informant discussed the negative impact of diminished social support for older adults, many of whom suffer from isolation, loneliness, and depression, and have challenges accessing virtual services and support.

Impact of COVID 19

Focus group participants expressed concern about the lasting impacts of the COVID-19 pandemic on families; pandemic related stress may have increased substance use, abuse and/or domestic violence, exposing children to Adverse Childhood Experiences (ACEs) that have long term health and well being impacts.

“We’ve gone through 20 months of COVID with decreased socialization and loneliness. First line of seeking help differs for different cultures. We may pick up the phone and dial 911, or dial the crisis line and talk to someone, but in other cultures, that first line may be a religious leader or maybe a community member, someone they trust. The lack of socialization also increases the lack of contact with their primary source of support.”
– *Community Based Organization Leader*

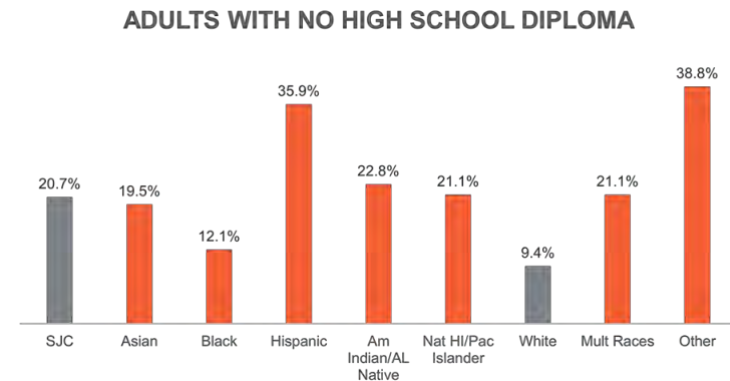
“Health will be lacking where community connection is lacking.” – *Focus Group Participant*

Education

Rationale: Why this is a Critical Health Need

The link between education and health is well known—those with higher levels of education are more likely to be healthier and live longer. Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime. Individuals with at least a high school diploma do better on a number of measures, including income, health outcomes, life satisfaction, and self-esteem. Wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household didn't complete high school. Moreover, the majority of jobs in the U.S. require education beyond high school. Disruptions in schooling due to the COVID-19 pandemic particularly affected Black and Hispanic students and those from low-income households, who suffered the steepest setbacks in learning and achievement.

Education	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Preschool enrollment	Yes	NA
High school enrollment	No	NA
Students proficient in math	Yes	Yes
Students proficient in reading	Yes	Yes
On-time high school graduation	Yes	Yes
Adults with no high school diploma	Yes	Yes
Adults with some college education	No	Yes
Bachelor's education or higher	Yes	Yes



Key Findings and Disparities Across San Joaquin County (based on health data)

- The percentage of children enrolled in preschool in SJC (44%) is significantly lower than the CA average (50%).
- Students in SJC have significantly lower rates of proficiency in math (31%) and reading (43%) than students across CA (40% and 51%, respectively) and SJC Hispanic, Black, and multiethnic students have significantly lower proficiency in math and reading compared to White SJC students.
- The on-time high school graduation rate for SJC students (80%) is significantly lower than the CA average (84%); SJC Black students have a significantly lower rate of on-time graduation (71%) than White high schoolers (81%).
- Only 8% of SJC Hispanic adults have completed a college education, 67% lower than SJC White adults.

Communities Disproportionately Impacted (based on Priority Neighborhood Profiles)

- Relative to SJC overall, adult education levels are low across the Priority Neighborhoods; all but one has more adults without a high school diploma, and fewer residents with a Bachelor's degree or higher.
- In CT 6 (Stockton), the percentage of children enrolled in preschool has decreased by over 50% since 2019, and is only one-third that of the County overall.
- The percentage of adults with a Bachelor's degree or higher has decreased by over 50 percent in CT 6 since 2019.

What Community Stakeholders Say About Education (based on key informant interviews and focus groups)

Overall

- 2 of 29 focus groups identified education as a top priority health need in SJC, and 5 out of 10 key informants mentioned it.
- Focus group participants expressed concern about stress students experience at schools, perceiving that schools have insufficient resources to meet mental health needs of students and teachers. An additional worry was that students are bringing drugs and vape pens into school, and that safety on school campuses has deteriorated.
- Key informants stressed the importance of addressing systemic barriers related to education to improve community health and lift families out of poverty. Key informants discussed education as intersecting with other health needs, including oral health, asthma, income and employment, and mental health.

"The fact that San Joaquin County has one of the most dismal graduation rates...it all speaks to: How well are the kids? If the kids aren't doing well, then the whole economy is doomed. And the kids are doing terribly, with their mental health, with their outcomes in school."
– *Community Based Organization Leader*

Disparities

- Several key informants reflected on racial/ethnic disparities in education, noting that high school dropout rates illustrate community inequities; one key informant noted that children from impoverished families with limited access to technology or social supports face compounding challenges in school, reducing their likelihood of graduation.

"Kids who live in rural areas like Banta could not easily transition to online learning because they do not have Internet. I have to take my grandkids to the library to do their homework because we do not have Internet where I live."
– *Focus Group Participant*

Impact of COVID 19

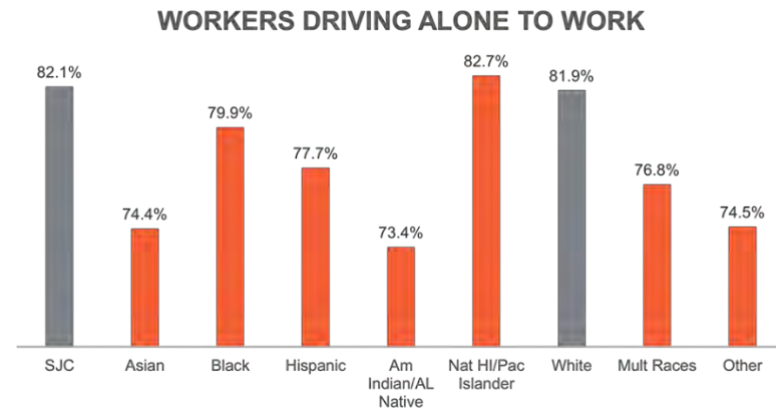
- The COVID-19 pandemic negatively impacted education for all children, according to focus group participants. They feared that the school closures and remote learning of 2020 and 2021 will have long-lasting effects on educational and social development, especially for students in underserved, rural or vulnerable populations.

Transportation

Rationale: Why this is a Critical Health Need

Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing health care, and securing food. Transportation infrastructure favors automobile use, which is associated with a number of adverse outcomes, including motor vehicle injuries and deaths, vehicle ownership expenses, and greenhouse gas emissions (which are a risk factor for heart disease, stroke, asthma, and cancer.) For households without a vehicle - including many low-income individuals and people of color - walking, biking and using public transportation provides a critical link to employment, access to essential services, promotes exercise and supports social cohesion.

Transportation	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Workers driving alone to work	Yes	Yes
Workers driving alone with long commutes	Yes	NA
Workers commuting by transit, biking or walking (Active Commuting)	Yes	NA
Retail density	Yes	NA
Automobile Access	No	NA



Key Findings and Disparities Across San Joaquin County (based on health data)

- 82% of SJC workers drive alone to work, significantly higher than the CA average (78%). Native Hawaiian/Pacific Islander workers in SJC drive alone to work significantly more often than White workers.
- More SJC workers drive alone with long commutes (18%) than CA workers overall (11%).
- Retail density is significantly lower in SJC than CA overall. When stores and restaurants are spread out over a wider geographic area, barriers related to transportation can be more pronounced.

Communities Disproportionately Impacted (based on Priority Neighborhood Profiles)

- Ten of the 14 Priority Neighborhoods have lower access to automobiles when compared to the County.
- CT 1 (Stockton) has markedly low automobile access when compared to the County (43% vs. 94%), presenting challenges accessing employment, health care, education, grocery stores, and more.

What Community Stakeholders Say About Transportation (based on key informant interviews and focus groups)

Overall

- 1 of the 29 focus groups identified transportation as a top priority in SJC, and 6 of 10 key informants mentioned this need.
- Focus group participants and key informants agreed that SJC residents experience challenges related to transportation, substantially impacting decisions related to employment, healthcare, housing and nutrition, and potentially leading to poor physical and mental health.
- Focus group participants and key informants suggested that affordable or free transportation be available to residents needing it for medical services.

Disparities

- Many rural or low-resource communities do not have stores or restaurants that offer fresh produce or healthy products, leaving fewer options for those without accessible, affordable transportation.
- The transportation infrastructure in SJC has created areas of concentrated pollution; focus group participants stated that many highly trafficked neighborhoods have poor air quality and noise concerns that discourage outdoor physical activity.
- A number of focus group participants requested safer and more equitable public transportation, noting the lack of bus routes and bus stops in many neighborhoods.

Impact of COVID 19

One key informant noted that the COVID-19 pandemic made public transportation feel less accessible and less safe.

“As we look at areas of low-income housing, there are not a lot of doctors. So in terms of access to care, then, we’re always coming back to transportation issues. Transportation issues impact access to care. We go back to transportation when people don’t have that ready access or because they’re working in a low paying job where they are hourly and then don’t have access to sick leave. Everything stems from the issues of poverty.”
– *Community Based Organization Leader*

“There is little access to healthy, affordable foods on the South and East sides of Stockton, especially for those with mobility and transportation issues.” – *Focus Group Participant*

VIII. Appendices

- A. CHNA Secondary Data Indicator Definitions, Data Sources and Dates
- B. San Joaquin County CHNA Secondary Data Table
- C. Community Input Tracking Form
- D. Key Informant Interview Guide
- E. Focus Group Screener and Guide
- F. Annotated Bibliography of San Joaquin County Reports and Assessments
- G. Community Resources

Appendix A: CHNA Secondary Data Indicator Definitions, Data Sources and Dates

Health Topic	Measure	Definition	Data Source, Year
Access to care	Low Birth Weight Births	Low birth weights are defined as less than 5 pounds, and 8 ounces (2,500 grams).	VRBIS, 2016-2020/US Census, ACS 2019 (5-Year Estimates)
	Prenatal Care in 1st Trimester (per 100 live births)	Trimester means "3 months." A normal pregnancy lasts around 10 months and has 3 trimesters. Prenatal care in the 1st Trimester would be the first 3 months.	VRBIS, 2016-2020/US Census, ACS 2019 (5-Year Estimates)
	Pre-Term Births	Preterm birth is when a baby is born too early, before 37 weeks of pregnancy have been completed.	VRBIS, 2016-2020/US Census, ACS 2019 (5-Year Estimates)
	Dentists per 100,000 population	Number of Dentists per 100,000 population	Community Health Needs Dashboard - All Counties in KP States, HRSA Area Resource File, 2019
	Infant Deaths (per 1000 live births)	$(\text{VRBIS Deaths under 1 year of age}/5)/(\text{VRBIS live births}/5)$	VRBIS, 2016-2020
	Insured (ages 19-64 years)	Percentage of adults ages 19-64 currently insured	US Census, ACS 2019 (5-Year Estimates)
	Medicaid/Public Insurance Enrollment	Percentage of the population enrolled in Medicaid or another public health insurance program	US Census, ACS 2019 (5-Year Estimates)
	Primary Care Physicians per 100,000 population	Number of Primary care physicians per 100,000 population	Community Health Needs Dashboard - All Counties in KP States, HRSA Area Resource File, 2018
Cancer	Low Birth Weight Births	Low birth weights defined as less than 5 pounds, and 8 ounces (2,500 grams).	VRBIS, 2016-2020/US Census, ACS 2019 (5-Year Estimates)
	Lung cancer incidence	Lung and Bronchus Cancer, Age-Adjusted Incidence Rates, All Stages, All Ages, By Race/Ethnicity, 2014-2018	California Cancer Registry, 2014-2018
	All Cancer Sites Combined	All Cancer Sites Combined, Age-Adjusted Incidence Rates, All Stages, All Ages, By Race/Ethnicity, 2014-2018	California Cancer Registry, 2014-2018
Breast cancer incidence	Breast Cancer, Age-Adjusted Incidence Rates, All Stages, Female, All Ages, By Race/Ethnicity, 2014-2018	California Cancer Registry, 2014-2018	

Health Topic	Measure	Definition	Data Source, Year
	Colorectal cancer incidence	Colon Cancer, Age-Adjusted Incidence Rates, All Stages, All Ages, By Race/Ethnicity, 2014-2018	California Cancer Registry, 2014-2018
	Prostate cancer incidence	Prostate Cancer, Incidence, County Rates, Compare By:Race/Ethnicity, Sex:Male, Age:All Ages, Year of Diagnosis: 2014-2018	California Cancer Registry, 2014-2018
	Cancer Deaths (age adjusted per 100,000)	((VRBIS Cancer Deaths/5)/(2019 ACS 5 year population estimate -San Joaquin County))*(2019 ACS 5 year population estimate - US) calculated per age group, summed, divided by total standard population	VRBIS, 2016-2020
	Breast cancer deaths	((VRBIS Cancer Deaths/5)/(2019 ACS 5 year population estimate -San Joaquin County))*(2019 ACS 5 year population estimate - US) calculated per age group, summed, divided by total standard population	VRBIS, 2016-2020
	Colorectal cancer deaths	((VRBIS Cancer Deaths/5)/(2019 ACS 5 year population estimate -San Joaquin County))*(2019 ACS 5 year population estimate - US) calculated per age group, summed, divided by total standard population	VRBIS, 2016-2020
	Lung cancer deaths	((VRBIS Cancer Deaths/5)/(2019 ACS 5 year population estimate -San Joaquin County))*(2019 ACS 5 year population estimate - US) calculated per age group, summed, divided by total standard population	VRBIS, 2016-2020
	Prostate cancer deaths	((VRBIS Cancer Deaths/5)/(2019 ACS 5 year population estimate -San Joaquin County))*(2019 ACS 5 year population estimate - US) calculated per age group, summed, divided by total standard population	VRBIS, 2016-2020
Chronic disease and disability	Asthma prevalence (0-17 years)	Topic: Ever diagnosed with asthma ("Respondents were asked: "Has a doctor ever told you that you have asthma?")	askCHIS, 2015-2019 (pooled)
	Asthma ED Visits (0-17 years)	Asthma ED Visits Rate per 10,000 population, 2019	California Breathing, County Asthma Data Tool
	Asthma ED Visits (all ages)	Asthma ED Visits Rate per 10,000 population, By Race/Ethnicity, 2019	California Breathing, County Asthma Data Tool

Health Topic	Measure	Definition	Data Source, Year
	Asthma Hospitalizations (0-17 years)	Asthma Hospitalization Rate per 10,000 population, 2019	California Breathing, County Asthma Data Tool
	Asthma Hospitalizations (all ages)	Asthma Hospitalization Rate per 10,000 population, By Race/Ethnicity, 2019	California Breathing, County Asthma Data Tool
	Asthma prevalence (all ages)	Topic: Ever diagnosed with asthma ("Respondents were asked: "Has a doctor ever told you that you have asthma?")	askCHIS, 2015-2019 (pooled)
	Diabetes prevalence (ages 18+ years)	Topic: Ever diagnosed with diabetes ("Respondents were asked: "{Other than during pregnancy, had/Has} a doctor ever told you that you have diabetes or sugar diabetes?")	askCHIS, 2015-2019 (pooled)
	Heart Disease Deaths (age adjusted rate per 100,000)	((VRBIS Heart Disease Deaths/5)/(2019 ACS 5 year population estimate -San Joaquin County))*(2019 ACS 5 year population estimate - US) calculated per age group, summed, divided by total standard population	VRBIS, 2016-2020
	Heart Disease Hospitalizations	Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Races/Ethnicities, Both Genders, 2016-2018	CDC Interactive Atlas of Heart Disease and Stroke, 2016-2018
	Heart disease prevalence (ages 18+ years)	Topic: Ever diagnosed with heart disease (Respondents were asked "Has a doctor ever told you that you have any kind of heart disease?")	askCHIS, 2015-2019 (pooled)
	Poor physical health (days per month)	Average number of physically unhealthy days reported in past 30 days (age-adjusted), 2018	County Health Rankings & Roadmaps, 2021
	Poor or fair health (ages 18+ years)	Topic: Health status (Respondents were asked: "In general, would you say your health is excellent, very good, good, fair or poor?")	askCHIS, 2015-2019 (pooled)
	Stroke Deaths (age adjusted rate per 100,000)	((VRBIS Stroke Deaths/5)/(2019 ACS 5 year population estimate -San Joaquin County))*(2019 ACS 5 year population estimate - US) calculated per age group, summed, divided by total standard population	VRBIS, 2016-2020
	Stroke Hospitalizations	Stroke Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, All Races/Ethnicities, Both Genders, 2016-2018	CDC Interactive Atlas of Heart Disease and Stroke, 2016-2018

Health Topic	Measure	Definition	Data Source, Year
	Stroke prevalence	Estimated percent of adults ever diagnosed with a stroke, Aged 18+ years, 2018	CDC Interactive Atlas of Heart Disease and Stroke, 2018
Climate and environment	Air Pollution: PM2.5 Concentration	Past: Annual mean concentration of PM 2.5 (Average of quarterly means, µg/m3), over three years (2012-2014). Current: Annual mean concentration of PM 2.5 (weighted average of measured monitor concentrations and satellite observations, µg/m3), over three years (2015-2017).	CalEnviroScreen 3.0, 2017 and CalEnviroScreen 4.0, 2021
	Coastal Flooding Risk	A Coastal Flooding annualized frequency value represents the modeled frequency of Coastal Flooding hazard occurrences (events) per year.	Community Health Needs Dashboard - All Counties in KP States, FEMA National Risk Index, 2020
	Drought Risk	Deficiency of precipitation over an extended period of time resulting in a water shortage	FEMA National Risk index
	Heat Wave Risk	A period of abnormally and uncomfortably hot and unusually humid weather typically lasting two or more days with temperatures outside the historical averages for a given area.	FEMA National Risk index
	River Flooding Risk	A Riverine Flooding annualized frequency value represents the average number of recorded Riverine Flooding hazard occurrences (event-days) per year over the period of record (24 years)	Community Health Needs Dashboard - All Counties in KP States, FEMA National Risk Index, 2020
	Water Contaminants	Past: CalEnviroScreen 3.0 drinking water contaminant index for selected contaminants. Current: CalEnviroScreen 4.0 drinking water contaminant index for selected contaminants (2011-2019).	CalEnviroScreen 3.0, 2017 and CalEnviroScreen 4.0, 2021
	Urban Tree Canopy	Percent canopy 2018 by urban census tracts	USDA Forest Service
	Road Network Density	Number of interconnected roads in a given area.	Community Health Needs Dashboard - All Counties in KP States, EPA Smart Location Mapping, 2013
Community safety	Unintentional Injuries Deaths (per 100,000)	(all unintentional injuries)/(2019 ACS 5 year population estimate -San Joaquin County))	VRBIS, 2016-2020

Health Topic	Measure	Definition	Data Source, Year
	Motor Vehicle Traffic Deaths (per 100,000)	(MVT Deaths)/(2019 ACS 5 year population estimate -San Joaquin County))	VRBIS, 2016-2021
	Pedestrian Accident Deaths (per 100,000)	(Pedestrian Accident Deaths)/(2019 ACS 5 year population estimate -San Joaquin County))	VRBIS, 2016-2022
	Premature Death (YPLL)	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	County Health Rankings & Roadmaps, 2021
	Violent Crimes	Total Number of Violent Crimes reported per 100,000 population, 2019	Common Spirit, Policy Map, enterprise License
Demographics	% American Indian/Alaska native population	Percent of the total population that identify as American Indian/Alaska native, non-Hispanic	Esri Demographics, 2020
	% Asian population	Percent of the total population that identify as Asian, non-Hispanic	Esri Demographics, 2020
	% Black population	Percent of the total population who identify as Black or African American, non-Hispanic	Esri Demographics, 2020
	% Hispanic population	Percent of the total population that identify as ethnically Hispanic	Esri Demographics, 2020
	% Multiracial population	Percent of the total population that identify as multiple races, non-Hispanic	Esri Demographics, 2020
	% Native Hawaiian/other Pacific Islander population	Percent of the total population that identify as Native Hawaiian/other Pacific Islander, non-Hispanic	Esri Demographics, 2020
	% Some other race population	Percent of the total population that identify as some other race, non-Hispanic	Esri Demographics, 2020
	% White population	Percent of the total population that identify as White, non-Hispanic	Esri Demographics, 2020
	Life expectancy	The average number of years a person can expect to live at birth	National Center for Health Statistics, 2010-2015

Health Topic	Measure	Definition	Data Source, Year
	Average Age of Death	n/a	VRBIS, 2016-2020
	Total Population	Total population of San Joaquin County and Priority Neighborhoods	Esri Demographics, 2020
	Age Group	Total population of San Joaquin County and Priority Neighborhoods by age group	US Census, ACS 2019 (5-Year Estimates)
	Gender	Total population of San Joaquin County and Priority Neighborhoods by gender	US Census, ACS 2019 (5-Year Estimates)
Education	Adults (ages 25+ years) with Some College Education	Percent of the population over age 25 with some college education	US Census, ACS 2019 (5-Year Estimates)
	Adults (ages 25+ years) with No High School Diploma	Percent of the population over age 25 with less than a high school degree	US Census, ACS 2019 (5-Year Estimates)
	Bachelors' Education or Higher	Percentage of population over age 25 with a bachelors' education or higher	US Census, ACS 2019 (5-Year Estimates)
	High School Enrollment	Percentage of 15-17-year-olds enrolled in school	US Census, ACS 2019 (5-Year Estimates)
	On-time high school graduation	Four-Year Adjusted Cohort Graduation Rate, 2019-2020	California Dept of Education, Four-Year Cohort Graduation Rates & Outcomes, 2019-2020
	Preschool Enrollment	Percent of 3 and 4-year-olds enrolled in preschool	US Census, ACS 2019 (5-Year Estimates)
	Students proficient in Math	Students Meeting or Exceeding Grade-Level Standard in Mathematics (CAASPP), by Race/Ethnicity, 2018-2019	KidsData, Students Proficient in Math, by Race/Ethnicity, 2018-2019
	Students proficient in Reading	Students Meeting or Exceeding Grade-Level Standard in English Language Arts (CAASPP), by Race/Ethnicity, 2018-2019	KidsData, Students Proficient in Reading, by Race/Ethnicity, 2018-2019
Family and social support	Seniors Living alone (ages 65+ years)	Percent of total households with someone 65 and older living alone	US Census, ACS 2019 (5-Year Estimates)

Health Topic	Measure	Definition	Data Source, Year
	Limited English Proficiency	Percent of the population ages 5 and older that speak a language other than English at home and speak English less than “very well”	US Census, ACS 2019 (5-Year Estimates)
	Disability Population (ages <65 years)	Population under 65 with a disability	US Census, ACS 2019 (5-Year Estimates)
	Disability Population (all ages)	Population with a disability	US Census, ACS 2019 (5-Year Estimates)
	Two Parent Households	Percentage of family households with children under 18 with two parents present	US Census, ACS 2019 (5-Year Estimates)
	Voting in 2020	Percentage of registered voters in the 2020 general election.	UC Berkley, 2020
Food security	Convenience Stores per 1,000 population	Number of Convenience stores per 1,000 population	Community Health Needs Dashboard - All Counties in KP States, USDA Food Environment Atlas, 2016
	Food insecure	Food insecurity refers to USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.	Community Health Needs Dashboard - All Counties in KP States, Feeding America, 2018
	Grocery Stores per 1,000 population	Number of Grocery stores per 1,000 population	Community Health Needs Dashboard - All Counties in KP States, USDA Food Environment Atlas, 2020
	Low access to grocery store	Percent of individuals with low grocery store access; If a census tract is urban, the percentage of the population that resides more than 0.5 mile from a supermarket. If the census tract is rural, the percentage of the population that resides more than 10 miles from a supermarket. The county total represents the percentage of the population that resides more than .05 mile from a supermarket.	USDA Food Access research Atlas 2019
	SNAP enrollment	Percent of households receiving food stamps/SNAP	US Census, ACS 2019 (5-Year Estimates)

Health Topic	Measure	Definition	Data Source, Year
HEAL opportunities	Exercise opportunities	Percentage of population with adequate access to locations for physical activity, 2019	County Health Rankings & Roadmaps, 2021
	Obesity (ages 18+ years)	Topic: Body Mass Index - 4 level (adult only)	askCHIS, 2015-2019 (pooled)
	Overweight/ Obesity (grades 5,7,9)	Percentage of public-school students in grades 5, 7, and 9 with body composition above the "Healthy Fitness Zone" of the FitnessGram assessment, by race/ethnicity and grade level	California Dept of Education, Physical Fitness Test, 2018-2019
	Physical inactivity (ages 18+ years)	Percentage of adults aged 20 and over reporting no leisure-time physical activity.	County Health Rankings & Roadmaps, BRFSS, 2017
	Park Access	Percent of residents that live further than a half mile from a park.	Parks for All Californians Park Access Tool, 2020
	Walkability Index	Index scores walkability upon characteristics of the built environment that influence the likelihood of walking being used as a mode of travel	Community Health Needs Dashboard - All Counties in KP States, EPA Smart Location Mapping, 2012
Housing	Homeownership rate	Percentage of occupied housing units occupied by property owners	US Census, ACS 2019 (5-Year Estimates)
	Housing Affordability Index	Index of ability of typical resident to purchase an existing home in the area	Community Health Needs Dashboard - All Counties in KP States, Esri Business Analyst, 2020
	Housing Habitability	Percent of households with kitchen facilities and plumbing.	Comprehensive Housing Affordability Strategy (CHAS) Tables 15A, 15B, 15C, 2014-2018
	Low Income Homeowner (Severe housing cost burden)	Percent of low-income owner households with housing costs exceeding 50% of income.	Comprehensive Housing Affordability Strategy (CHAS) Table 8, 2014-2019
	Low Income Renters (Severe housing cost burden)	Percent of low-income renter households with housing costs exceeding 50% of income.	Comprehensive Housing Affordability Strategy (CHAS) Table 8, 2014-2020

Health Topic	Measure	Definition	Data Source, Year
	Median Rental Cost	Rent per month	Community Health Needs Dashboard - All Counties in KP States, American Community Survey, 2015-2019
	Percent of Income for Mortgage	Part of median household income dedicated to monthly payments on a home priced at the median value	Community Health Needs Dashboard - All Counties in KP States, Esri Business Analyst, 2020
	Severe Housing Cost Burden	Percentage of households with housing costs greater than 50% of income	Community Health Needs Dashboard - All Counties in KP States, American Community Survey, 2015-2019
	Uncrowded Housing	Percentage of households with less than or equal to 1 occupant per room	US Census, ACS 2019 (5-Year Estimates)
Income and employment	Children (ages 0-17 years) Living in Poverty	Percent of children 0-17 that live in households with incomes below the federal poverty level	US Census, ACS 2019 (5-Year Estimates)
	Employed (ages 20-64 years)	Percentage of the population ages 20-64 who are employed	US Census, ACS 2019 (5-Year Estimates)
	Free and Reduced Price Lunch	Free and Reduced Price Meals, 2020-2021	California Dept of Education, Free and Reduced Price Meals, 2020-2021
	High Speed Internet	Percent of population with access to high-speed internet	US Census, ACS 2019 (5-Year Estimates)
	Income Inequality - Gini Index	Ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1, perfect inequality (where only one recipient or group of recipients receives all the income).	Community Health Needs Dashboard - All Counties in KP States, American Community Survey, 2015-2019
	Jobs Proximity Index	The accessibility and distance to all job locations within its area, with larger employment centers weighted more heavily.	Community Health Needs Dashboard - All Counties in KP States, HUD Policy Development and Research, 2014
	Living in Poverty (<100 Federal Poverty Level)	Percent of population living below the poverty level in the past 12 months	US Census, ACS 2019 (5-Year Estimates)

Health Topic	Measure	Definition	Data Source, Year
	Income	Median household income	US Census, ACS 2019 (5-Year Estimates)
	Seniors (ages 65+ years) living in poverty	Percent of population ages 65 and older who are living in poverty	US Census, ACS 2019 (5-Year Estimates)
	Young People Not in School and Not Working	Percent of 16-19-year-olds who are not currently enrolled in school or employed	US Census, ACS 2019 (5-Year Estimates)
Mental health	Mental health providers per 100,000 population	Number of Mental health providers per 100,000 population	Community Health Needs Dashboard - All Counties in KP States, CMS National Provider Identification, 2019
	Deaths of despair (age adjusted rate per 100,000)	$((\text{VRBIS Deaths of Despair}/5)/(\text{2019 ACS 5 year population estimate -San Joaquin County})) * (\text{2019 ACS 5 year population estimate - US})$ calculated per age group, summed, divided by total standard population	VRBIS, 2016-2020
	Poor mental health (days per month)	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings & Roadmaps, 2021
	Suicide deaths (age adjusted rate per 100,000)	$((\text{VRBIS Suicide Deaths}/5)/(\text{2019 ACS 5 year population estimate -San Joaquin County})) * (\text{2019 ACS 5 year population estimate - US})$ calculated per age group, summed, divided by total standard population	VRBIS, 2016-2020
Sexual health	Teen birth rate	Teens giving birth between the ages 15 to 19.	VRBIS, 2016-2020/US Census, ACS 2019 (5-Year Estimates)
	Total birth rate (per 1000)	Total live births (for a specific area and timer period) divided by total population (for the same area and time) multiplied by 1,000.	VRBIS, 2016-2020/US Census, ACS 2019 (5-Year Estimates)
	Chlamydia Rate (per 100,000)	$((\text{CaIREDIE Clamydia Cases}/5)/(\text{2019 ACS 5 year population estimate -San Joaquin County}))$	CaIREDIE, 2016-2020
	Syphilis Rate (per 100,000)	$((\text{CaIREDIE Syphilis Cases}/5)/(\text{2019 ACS 5 year population estimate -San Joaquin County}))$	CaIREDIE, 2016-2020
	Gonorrhea Rate (per 100,000)	$((\text{CaIREDIE Gonorrhea Cases}/5)/(\text{2019 ACS 5 year population estimate -San Joaquin County}))$	CaIREDIE, 2016-2020

Health Topic	Measure	Definition	Data Source, Year
	HIV deaths (per 100,000)	(deaths/5)/(2019 ACS 5 year population estimate -San Joaquin County))	CDPH HIV data, 2016-2020
	HIV prevalence in pop over 13 (per 100,000)	(total HIV/AIDS cases)/(2019 ACS 5 year population estimate -San Joaquin County)	CDPH HIV data, 2016-2020
Substance use	Alcohol-impaired Driving Deaths	Number of people killed in a crash involving a driver or motorcycle rider with a blood alcohol concentration of .08 grams per deciliter or greater / total fatalities	Community Health Needs Dashboard - All Counties in KP States, NHTSA Fatality Analysis Reporting System, 2014-2018
	Current Smokers	Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime.	County Health Rankings & Roadmaps, 2021
	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted), Excessive Drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days.	County Health Rankings & Roadmaps, 2021
	Opioid-Related Overdose Deaths (per 100,000)	Age adjusted rate of opioid-related overdose deaths by race/ethnicity	skylab.cdph , 2020
Transportation	Workers commuting by transit, biking or walking (Active Commuting)	Percent of population 16 and older who commute to work by walking, cycling, or public transit (excluding taxicabs)	US Census, ACS 2019 (5-Year Estimates)
	Automobile Access	Percentage of households with access to an automobile	US Census, ACS 2019 (5-Year Estimates)
	Workers Driving Alone to Work	Percent of population 16 and older who drive alone to work in a car, truck, or van	US Census, ACS 2019 (5-Year Estimates)
	Workers Driving Alone with Long Commutes	Percent of population 16 and older who drive alone to work with a commute of 60 minutes or more	US Census, ACS 2019 (5-Year Estimates)
	Retail Density	Gross retail, entertainment, and education employment density (jobs per acre)	U.S EPA Smart Location Database 3.0, 2021

Appendix B: San Joaquin County CHNA Secondary Data Table

Prevalence/incidence rates for indicators of health status, behavior, and risk factors are shown below for San Joaquin County in comparison to statistics for the State of California. Indicators (either percentage of county population or a rate per designated number of residents) are presented across 15 health need categories. Definitions for each indicator and associated data source are provided in Appendix A. Table 1 below notes statistically significant differences for 1) indicators for which the county performs markedly worse than California averages and 2) indicators for which ethnic disparities are present within the county. Ethnic groups examined include Latinx (Hispanic), White, Asian, Black/African American, Pacific Islander/Native Hawaiian and American Indian/Alaska Native populations, as well as those who are mixed race or identify with other groups. These differences point to notable health needs across the county and/or for particular ethnic groups, which are discussed in further detail in Section VII.

Table 1: Prevalence/Incidence Rates for Indicators of Health Status, Behavior, and Risk Factors

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
Access to Care	Infant deaths (per 1000 live births)	6	4	✓	
	Uninsured children (ages <19 yrs)	2.5%	3.3%		✓
	Insured (ages 19-64 yrs)	90.5%	89.3%		✓
	Medicaid/public insurance enrollment	43.4%	37.9%		
	Low birth weight	7.5%	6.9%	✓	✓
	Pre-term births	9.7%	8.8%	✓	✓
	Prenatal care in 1st trimester	80.8%	83.8%	✓	✓
	Dentists per 100,000 population	57.6	87.0	✓	
	Primary care physicians per 100,000 population	59.0	79.8	✓	
Cancer	Cancer deaths (all sites combined)	159.3	140	✓	
	Breast cancer deaths	12.5	n/a		✓
	Colorectal cancer deaths	16	n/a		

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
	Lung cancer deaths	34.5	n/a		✓
	Prostate cancer deaths	11.5	n/a		
	Breast cancer incidence	117.5	122.2		
	Colorectal cancer incidence	26.7	24.2	✓	
	Lung cancer incidence	47.2	40	✓	
	Prostate cancer incidence	79.7	91.7		✓
	Cancer incidence (all sites combined)	404.1	394.5	✓	
Chronic Disease	Poor physical health (days per month)	4.7	3.9	✓	
	Heart disease hospitalizations	37.3	34.9	✓	✓
	Heart disease deaths	153.7	139.8	✓	✓
	Stroke hospitalizations	10.6	10.4		✓
	Stroke deaths	51.5	37.3	✓	✓
	Diabetes prevalence (ages 18+ years)	13.9%	10.0%	✓	
	Asthma ED visits (all ages)	57.9	42.6	✓	✓
	Asthma Hospitalizations (all ages)	5.0	4.5		✓
	Asthma ED visits (ages 0-17 years)	76.0	63.4	✓	
	Asthma Hospitalizations (ages 0-17 years)	9.5	8.3	✓	
	Asthma prevalence (all ages)	18.4	15.3		
Climate and Environment	Urban Tree canopy cover	1.4	4	✓	
	Road network density	16.5	18		
	Coastal flooding risk	0.0	0.2		
	Drought risk	51.9	2.5	✓	
	Heat wave risk	9.0	8.4	✓	
	Air pollution: PM2.5 concentration	14.8	n/a		

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
	River flooding risk	7.8	5.5	✓	
	Water Contaminants	n/a	n/a		
Community Safety	Injury deaths	65.5	51.7	✓	✓
	Motor vehicle crash deaths	8.4	3.6	✓	✓
	Pedestrian accident deaths	4	2.9	✓	✓
	Violent crimes	788.4	438.7	✓	
	Premature death (YPLL)	7300	5300	✓	
Education	Preschool enrollment	44.0%	49.6%	✓	
	High school enrollment	97.2%	97.6%		
	Students proficient in math	31.0%	40.0%	✓	✓
	Students proficient in reading	43.0%	51.0%	✓	✓
	On-time high school graduation	79.6%	84.3%	✓	✓
	Adults with no high school diploma	20.7%	16.7%	✓	✓
	Adults with some college education	22.1%	20.6%		✓
	Bachelor's education or higher	18.8%	33.9%	✓	✓
Family and Social Support	Disability Population (all ages)	12.6%	10.6%	✓	
	Disability Population (ages <65 years)	10.3%	8.1%	✓	✓
	Limited English proficiency	40.6%	40.2%		✓
	Seniors living alone (ages 65+ years)	21.8%	22.6%		
	Two parent households	77.1%	77.5%		
	Voting in 2020	62.8%	70.8%	✓	
Food Security	SNAP enrollment	14.4%	8.9%	✓	✓
	Convenience stores per 1,000 population	0.2	0.2		
	Grocery stores per 1,000 population	0.2	0.2	✓	

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
	Low access to grocery store	28.4%	32.4%		
	Food insecure	12.4%	10.6%	✓	
HEAL Opportunities	Obesity (ages 18+ years)	34.2%	27.4%	✓	✓
	Overweight/obesity (grades 5,7,9)	43.3%	39.7%	✓	✓
	Physical inactivity (ages 18+ years)	26.2%	17.8%	✓	
	Exercise opportunities	85.7%	93.1%	✓	
	Walkability Index	11.2	11.2		
	Park access	27.0	21.0		
Housing	Homeownership	56.6%	54.8%		✓
	Uncrowded housing	92.6%	91.8%		✓
	Low-income renters (Severe housing cost burden)	24.7%	25.7%		
	Low-income Homeowner (Severe housing cost burden)	9.0%	10.8%		
	Severe housing cost burden	17.6%	19.2%		
	Median rental cost	\$1,390	\$1,689		
	Housing Habitability	98.8%	98.7%		
	Housing affordability index	119.3	88.1		
	Percent of income for mortgage	21.1%	30.8%		
Income and Employment	Income	\$64,432	\$75,235	✓	✓
	Employed (ages 20-64 years)	52.6%	73.8%	✓	✓
	Jobs Proximity Index	43.5	47.7		
	Income inequality – Gini Index	0.4	0.4		
	Living in poverty (<100% Fed Poverty Level)	14.5%	13.4%	✓	✓
	Seniors (ages 65+ years) living in poverty	9.9%	10.2%		✓
	Children living in poverty	16.6%	18.1%		✓

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
	Free and reduced-price lunch	56.7%	44.2%	✓	
	Young people not in school and not working	8.2%	6.4%	✓	
	High speed internet	82.2%	86.1%	✓	✓
Mental Health	Mental health providers per 100,000 population	237.6	352.3	✓	
	Deaths of despair per 100,000 population	42.9	34.3	✓	
	Suicide deaths	10.5	10.5		
	Poor mental health (days per month)	4.4	3.7	✓	
Sexual Health	HIV deaths	4.3	4.8		✓
	Total birth rate	13.2	11.6	✓	✓
	Teen birth rate	22	17	✓	✓
	Gonorrhea rate	221.1	201.7	✓	✓
	Chlamydia rate	619.7	594.7	✓	✓
	Syphilis rate	57.5	41.4	✓	✓
	HIV prevalence (ages 13+ years)	217	396		✓
Substance Use	Current smokers	15%	11%	✓	
	Opioid-related overdose deaths per 100,000 population	11.1	13.5		
	Alcohol-impaired driving deaths	28%	29%		
	Excessive drinking	18%	18%		
Transportation	Workers driving alone to work	82.1%	78.3%	✓	✓
	Workers driving alone with long commutes	18.3%	10.9%	✓	
	Workers commuting by transit, biking or walking (Active Commuting)	3.6%	9.2%	✓	
	Retail density	0.1	n/a	✓	
	Automobile Access	94.2%	92.9%		

Appendix C: Community Input Tracking Form

#	Data Collection Method	Organization	#	Perspective Represented	Role in Target Group	Date Input Gathered	Rationale
1	Key Informant Interview	El Concilio Council for the Spanish Speaking	1	Communities of Color, medically underserved and low income	Leader	8/17/21	Empowers diverse communities to realize their greatest potential through outreach, education, counseling, job training and awareness building of community resources
2	Key Informant Interview	Community Medical Centers, Inc.	1	Communities of Color, medically underserved and low income	Leader	8/25/21	System of 11 federally qualified health centers (FQHCs) providing health services to low income, underinsured and high need populations
3	Key Informant Interview	San Joaquin County Continuum of Care	1	Communities of Color, medically underserved and low income	Leader	8/17/21	Provides information, resources, and leadership on evidence-based methods to end homelessness in San Joaquin County utilizing the "Continuum of Care" model
4	Key Informant Interview	First 5 of San Joaquin	1	Communities of Color, medically underserved and low-income children ages 0-5 and their families	Leader	8/19/21	Provides financial support for health, preschool and literacy programs, and fosters active participation of parents, caregivers, educators and community members in the lives of young children, prenatal to 5 years
5	Key Informant Interview	San Joaquin Pride Center	1	LGBTQ community, including Communities of Color, medically underserved, and low income	Leader	8/17/21	Serves the diverse LGBTQ community in San Joaquin County by creating a safe and welcoming space, providing resources that enrich body, mind and spirit, and educating the public in tolerance and respect for the LGBTQ community
6	Key Informant Interview	Sow A Seed Community Foundation	1	Communities of Color, medically underserved and low-income youth	Leader	9/29/21	Empowers youth and their families with the education, programs, and resources needed to overcome social and emotional challenges so they can lead healthy self-sufficient lives.
7	Key Informant Interview	Family Resource and Referral Center	1	Communities of Color, medically underserved and low income families	Leader	9/24/21	Provides child care referrals and administers child care and nutritional resources; conducts workshops in effective child rearing, child care, and child safety.

8	Key Informant Interview	San Joaquin County Department of Aging and Community Services	1	Older adults, adults with disabilities, family caregivers, and residents in long-term care facilities	Leader	9/13/21	Helps older adults find employment; supports older and disabled individuals to live as independently as possible; promotes healthy aging and community involvement; and assists family members in their vital care giving role.
9	Key Informant Interview	San Joaquin County Behavioral Health Services	1	Communities of Color, medically underserved and low-income individuals with mental health and substance use treatment needs	Leader	9/24/21	Provides integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of San Joaquin County residents.
10	Key Informant Interview	San Joaquin County Public Health Services	1	Public health	Leader	10/4/21	Responsible for protecting, promoting and improving the health and well-being for all who live, work, and play in San Joaquin County.
11	Focus group (virtual)	Tracy Boys and Girls Club	9	Communities of Color and low income	Member	12/4/21	Staff representing 9 Boys and Girls Clubs in Manteca, Tracy and Newman
12	Focus group (virtual)	San Joaquin Child Abuse Prevention Council – Linden CAMP Preschool (English and Spanish)	10	Communities of Color and low income	Member	11/15/21	Mothers of preschool age children from Linden
13	Focus group (virtual)	San Joaquin Child Abuse Prevention Council (English)	10	Low income	Member	11/19/21	Mothers of preschool age children from Lathrop
14	Focus group	San Joaquin Child Abuse Prevention Council (English)	10	Chronic physical/mental health conditions, Communities of Color, medically underserved, and low income	Member	11/19/21	Women living in a shelter who have had past substance/drug abuse issues
15	Focus group (virtual)	San Joaquin Child Abuse Prevention Council – Main Street (English)	2	Medically underserved and low income	Member	11/29/21	Mothers of preschool age children from Stockton
16	Focus group	San Joaquin Child Abuse Prevention Council - Manteca (Spanish)	14	Communities of Color	Member	11/30/21	Parents/guardians of middle school age children from Manteca

17	Focus group	San Joaquin Child Abuse Prevention Council – Stockton (English)	10	Chronic physical/mental health conditions, Communities of Color, medically underserved, and low income	Member	11/30/21	Parents in a homeless shelter in Stockton
18	Focus group	San Joaquin Child Abuse Prevention Council – Stockton (Spanish)	10	Communities of Color, medically underserved and low income	Member	12/1/21	Parents/guardians of middle school age children from Stockton
19	Focus group	San Joaquin Child Abuse Prevention Council – Stockton (Spanish)	10	Communities of Color, medically underserved and low income	Member	12/2/21	Parents/guardians of middle school age children from Stockton
20	Focus group	San Joaquin Child Abuse Prevention Council – Stockton (Spanish)	16	Chronic physical/mental health conditions, Communities of Color, medically underserved, and low income	Member	12/2/21	Parents of elementary and middle school age children from Stockton
21	Focus group	San Joaquin Child Abuse Prevention Council – Tracy (Spanish)	10	Communities of Color	Member	12/2/21	Parents/guardians of middle school age children from Tracy
22	Focus group	Child Abuse Prevention Council and Women’s Center-Youth & Family Services (English)	7	Communities of Color and low income	Member	12/7/21	Transitional age youth (18-25 years old)
23	Focus group	The Echo Chamber (English)	10	Low income	Member	11/18/21	Homeless men and women in an encampment in Stockton off Weber and Washington
24	Focus group	The Echo Chamber (English)	10	Chronic physical/mental health conditions, Communities of Color, medically underserved, and low income	Member	11/26/21	Homeless men and women who have formed a community in their encampment to be healthy and safe
25	Focus group	The Echo Chamber (English)	10	Chronic physical/mental health conditions, Communities of Color, medically underserved, and low income	Member	11/29/21	Homeless men and women who have formed a community in their encampment

26	Focus group	The Echo Chamber (English)	10	Chronic physical/mental health conditions, medically underserved, and low income	Member	11/30/21	Older adults experiencing homelessness
27	Focus group	The Echo Chamber (English)	10	Chronic physical/mental health conditions, Communities of Color, medically underserved, and low income	Member	12/1/21	Homeless Black and Indigenous men and women
28	Focus group (virtual)	Health Plan of San Joaquin (HPSJ) (English and Spanish)	18	Chronic physical/mental health conditions, Communities of Color, medically underserved, and low income	Member	11/18/21	Adults, parents of school ages children, LGBTQQIA, college student, retired adult
29	Focus group (virtual)	Little Manila Rising (English)	10	Communities of Color and low income	Member	12/3/21	Youth advocates and Americorps Fellows between 18-24 years old
30	Focus group	Mary Magdalene Community Services (English)	10	Communities of Color and low income	Member	12/1/21	Formerly incarcerated persons participating in a re-entry program
31	Focus group	Mary Magdalene Community Services (English)	10	Communities of Color	Member	12/5/21	African American women members of the Grandparent Program, who take care/help raise their grandchildren
32	Focus group	Mary Magdalene Community Services (English)	10	Communities of Color	Member	12/8/21	African American fathers in San Joaquin County with an age ranging from 17-54 years old.
33	Focus group	Mary Magdalene Community Services (Spanish and English)	10	Communities of Color	Member	12/9/21	Parent/caregivers for children grades K-7 th who attend Stallworth Charter School, who are active members or participants in the PTO
34	Focus group	Mary Magdalene Community Services (English)	6	Communities of Color	Member	12/14/21	Women of color who are members of the FamilyWorks Program, who have children 0-3 years old

35	Focus group (virtual)	San Joaquin County PHS Black Infant Health Program (English)	10	Communities of Color, medically underserved and low income	Member	12/21/21	African American pregnant & parenting women 18 years and older who live in the San Joaquin County area (Stockton, Tracy, Manteca)
36	Focus group (virtual)	San Joaquin County PHS Black Infant Health Program (English)	8	Communities of Color, medically underserved and low income	Member	12/21/21	African American pregnant & parenting women 18 years and older who live in the San Joaquin County area (Stockton, Tracy, Manteca)
37	Focus group	Tracy Family Resource Center (Spanish)	12	Communities of Color, medically underserved and low income	Member	12/8/21	Men and women from Tracy and Banta
38	Focus group	San Joaquin Pride Center	9	Chronic physical/mental health conditions, Communities of Color, medically underserved, and low income	Member	1/26/22	College students and retirees
39	Focus group	Mary Magdalene Community Services	10	Communities of Color	Member	12/9/21	African American community members who work with disadvantaged youth
40	CHNA Findings Presentations and Vetting	5 community-based organizations/ groups: <ul style="list-style-type: none"> • Community Health Fund Committee, Community Foundation of San Joaquin • Resilient Community Advisory Committee • Reinvent South Stockton Coalition's Backbone Partners • Healthier Community Coalition • Community Advisory Committee of Health Plan of San Joaquin 	120	Communities of color, medically underserved and low income	Member	March-April 2022	CBOs/organizations and residents representing low income, historically marginalized and communities of color from various geographies throughout SJC
41	Prioritization Meeting	SJC CHNA Steering Committee	48	Chronic physical/mental health conditions, Communities of Color, medically underserved, and low income	Leader	3/2/22	CBOs/public agencies/health care organizations that work with low income and ethnic populations in SJC work to address health disparities and are a critical voice in determining priority health needs.

Community Health Needs Assessment 2021 Interview Questions

INTRODUCTION

Thank you for agreeing to do this interview today. My name is (interviewer) with Ad Lucem Consulting. Ad Lucem Consulting is conducting the Community Health Needs Assessment (CHNA) for the Healthy San Joaquin Collaborative. The CHNA is a systematic examination of health indicators in San Joaquin County that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. We greatly value your input.

We expect this interview to last approximately 30-45 minutes. The information you provide today will not be reported in a way that would identify you. To improve the accuracy of our notes and any quotes that might be used for reporting purposes, we would like to record the interview.)

Do we have your permission to record the interview? YES / NO

Do you have any questions before we get started?

HEALTH NEEDS

1. What are San Joaquin County's 3 most critical health issues? A health issue can be a particular disease like heart disease or cancer, or factors that cause poor health like unhealthy food or substance abuse, or conditions that impact overall wellbeing like mental health and violence, or socioeconomic factors like employment, housing or access to care.

A. Why are these the top priorities? *(An issue can be a top priority because it impacts lots of people in the County, impacts vulnerable populations such as kids or older adults, costs the County lots of money, or impacts County resident's ability to have a high quality of life.)*

B. In 2019, the Healthy San Joaquin Collaborative identified mental health, economic security, and obesity/HEAL/diabetes as priority health needs in the Community Health Needs Assessment (CHNA) in San Joaquin County. Are these health needs still a priority? If no, what changed?

2. Is there anything about these priority health needs you mentioned that changed due to the COVID-19 pandemic? If so, in what ways?

3. You indicated that [RESTATE the priority health needs mentioned above, either those identified as still a need or those identified as a new need area] are priority health needs in your community. What are one or two of the biggest challenges to addressing each of these needs?

4. Based on your knowledge and expertise, what are the successful strategies that could be implemented to address the top 3 health issues you have identified? *You only need to identify strategies in areas where you have knowledge or expertise.*

A. How could health care organizations invest in these strategies?

EQUITY

5. Are there certain people or geographic areas that have been affected by these issues we've been talking about more than others? If so, in what ways?
6. What are effective strategies to reduce health disparities and inequities in your community?

COMMUNITY RESOURCES

7. What key community resources, assets, or partnerships can you identify to help address the priority health needs we talked about today?

CLOSING

8. Are there any other thoughts or comments you would like to share that we have not discussed?

Appendix E: Focus Group Screener and Guide

Focus Group Screener Questions

Thank you for joining our focus group. To learn more about you, we'd like you to fill this survey out. All information is confidential and will be used only for our research.

1. How long have you lived in San Joaquin County? _____ Number of years

2. Ethnicity (check all that apply):

- Black/African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- Hispanic/Latino
- White/ Caucasian
- Other (please describe):

3. How old are you? _____ Number of years

4. Gender? _____

5. In the past year, how often did you experience things like depression (deep sadness), anxiety, a lot of stress and/or problems with emotions? (Pick one.)

- Always
- Very Often
- Sometimes
- Rarely
- Never

THANK YOU!

Focus Group Guide

Welcome

- Hello everyone, thank you for joining our discussion today.
- My name is (moderator).
- This is (note taker) who will be taking notes during our conversation.
- Our discussion today will take about 1 hour.
- Your participation is voluntary and you can leave the group at any time, without explanation.

Purpose of Focus Group

Community partners across the County are conducting focus groups to learn more about what residents feel are our most important health issues. We want to know what you, as a community member, think about what makes it easy or difficult to be healthy and what services and resources are available or needed in your community to improve health. Your opinions will help our County nonprofit hospitals, Public Health Services, community based organizations, insurers and others create a three year plan to work on the major health issues affecting people in the County.

Verbal Consent

By continuing to participate in this focus group, you are indicating your consent to have the information you provide used for the San Joaquin County Community Needs Health Assessment. If you do not consent, please leave the focus group.

Ground Rules

There are no right or wrong answers because we're interested in everyone's thoughts and opinions and people often have different opinions.

Please, feel free to share your opinions even though it's not what others have said. If there are topics you don't know about or a question you are not comfortable answering, feel free to not answer. All input will be welcomed and valued.

Next, we want to have a group discussion, but we'd like only one person to talk at a time because we want to make sure everyone has a chance to share their opinion.

The last guideline is about protecting your privacy. Your name will not be used in any reports, and your name will not be linked to comments you make. I'd also like for all of us to agree that what is said in this group stays with the group. Are there other ground rules you would like us to add?

Introductory Question

Let's start by introducing ourselves. Tell us your first name.

Community Health

We would like to discuss what is healthy and not so healthy about your community.

1. Think about how your community is right now. What is healthy about your community?

Things that make a community healthy can include the environment (sidewalks, clean streets, parks), social factors (e.g., feeling safe, access to mental health services), opportunities for healthy behaviors (e.g., places to buy healthy food, places to exercise) community services and events (e.g., low cost or free activities for families), and health care (e.g., access to health care services)

2. What makes it difficult to be healthy in your community? For example, lack of access to health services, few grocery stores with healthy, affordable food, unsafe neighborhoods, lack of access to transportation, lots of pollution in the air, no safe places to be active, no affordable dental care

Identifying priority health issues/Successful strategies to address health issues

3. Thinking about what does or does not make your community healthy, what do you think is the most important health issue facing your community? A health issue can be a disease like heart disease or cancer, or something that causes poor health like unhealthy food or drug abuse, or something that affects overall wellbeing like mental health, violence or access to care. We know you might have ideas about many important health issues, but try to limit your answer to identify the most important health issue.

4. Thinking about the health issue you identified as most important, what are the top one or two things that could be done to fix this issue? Some examples could be improvements to your community (like fixing sidewalks so it is easier to walk or starting farmers markets where you can get fruits and vegetables) or changes to clinic services (like health and mental health services available at places you usually go, services available in your preferred language).

5. Is there anything about the most important health issues you mentioned that changed because of the COVID-19 pandemic? If so, in what ways did COVID change these important health issues?

Final Question

6. We're just about ready to wrap up. Is there anything else you feel is important for us to know about health in your community?

Thank you for your participation!

Appendix F: Annotated Bibliography of San Joaquin County Reports and Assessments

Document Title	Sponsoring Organization/ Author	Link to report	Overview	Key Findings
First 5 San Joaquin – Characteristics of Families Served	First 5 San Joaquin	https://www.sjckids.org	Describes population served and programming provided to families with children 0-5 served by First 5 San Joaquin in 2020-2021.	<ul style="list-style-type: none"> 90% of the population served come from ethnic/racial groups that are historically underserved. The majority of the population served was Hispanic (59%) and 12% were Black. Health programs provided included dental care and health screenings. Early education programs provided included reading and kindergarten/preschool programs. Community support interventions addressed parents' economic development.
First 5 San Joaquin – COVID-19 Newsletter	First 5 San Joaquin	https://www.sjckids.org/Portals/2/assets/docs/commission-meetings/5-20-21/4A%20F5SJ%20COVID-19%20newsletter_Final.pdf?ver=wYctNEVngiaUDu2WHSyDfQ%3d%3d	A 2020-2021 evaluation of the COVID-19 pandemic's impact on First 5 San Joaquin service contractors and families.	<ul style="list-style-type: none"> San Joaquin County's COVID-19 death rate as of March 2021 was higher than the CA average and disproportionately affected residents of color. Case rates were higher for Hispanic, Black and Native Hawaiian/Pacific Islander residents. Challenges faced by families include: <ul style="list-style-type: none"> School and childcare closures Job loss Mental and emotional stress COVID-19 infection Challenges faced by contractors: <ul style="list-style-type: none"> Change in working environment Limitations in home visitations Adapting to virtual services Cancellation or pausing of service delivery. The COVID-19 pandemic will continue to affect childhood development in unforeseen ways such as social development, heightened screen time, preventative care interruptions and potentially increased health or economic disparities.

<p>First 5 San Joaquin – Raising Quality! IMPACT 2020 Family, Friend and Neighborhood (FFN) Initiative</p>	<p>First 5 San Joaquin</p>	<p>https://www.sjckids.org/Portals/2/assets/docs/commission-meetings/7.29.21/5A%20F5SJ%20Raising%20Quality%20Report%20072021_FINAL.pdf?ver=tVFzVcMQTjDwj0lcJnFgHQ%3D%3D</p>	<p>Describes First 5 San Joaquin’s 2020-2021 Raising Quality Family, Friend and Neighborhood (FFN) initiative to better address the needs of grandparent childcare during the COVID-19 pandemic.</p>	<ul style="list-style-type: none"> • 40% of First 5 SJC children transitioned from formal childcare settings to FFN care providers, especially grandparents, during the COVID-19 pandemic. • The Raising Quality initiative contracted 3 organizations in high need communities (Black, Hispanic and Southeast Asian populations) to enhance quality of FFN childcare and prepare children for preschool. • Common barriers to quality care included <ul style="list-style-type: none"> ○ Increased screen time ○ Different ages of children under one care provider ○ Behavioral problems ○ Developmental challenges ○ Lack of age-appropriate toys or playtime materials • Recommendations for program improvements: <ul style="list-style-type: none"> ○ Expand and encourage engagement of more families and grandparents ○ Prioritize in-person programming when pandemic allows
<p>First 5 San Joaquin – FamilyWORKs Evaluation Brief</p>	<p>First 5 San Joaquin</p>	<p>https://www.sjckids.org</p>	<p>Describes First 5 San Joaquin’s FamilyWORKs 18-month home visitation program (February 2019 – November 2020) for CalWORKS recipients.</p>	<ul style="list-style-type: none"> • 40% of the families served with FamilyWORKs were Hispanic and 31% were Black. One in every 5 participants was foreign born. • The program reached 378 caregivers and 401 children. • Utilizing the Parents as Teachers (PAT) curriculum, 93% of parents or caregivers increased their understanding of childhood development, and were connected to childcare, literacy and employment services. • There was a 50%+ increase in caregivers telling/reading stories to their children. • 824 referrals for support services were completed; the most common referral was for housing support. • The COVID-19 pandemic led to difficulty with virtual learning and technological issues, limited social opportunities, income and basic needs issues and illness. • Opportunities to strengthen the program include: <ul style="list-style-type: none"> ○ Creative outreach solutions ○ Training for contractor agencies and parents ○ Building data capacity.

<p>First 5 San Joaquin – Special Needs Newsletter</p>	<p>First 5 San Joaquin</p>	<p>https://www.sjckids.org/Portals/2/assets/docs/commission-meetings/03-03-21/5A%20F5SJ%20Special%20Needs%20Report%20030321.pdf?ver=27W_Ot20CDLTmy7osLarA%3D%3D</p>	<p>First 5 San Joaquin’s Special Needs programs during 2019-2020 created robust screening and referral training for contractors to detect early signs of children with special needs.</p>	<ul style="list-style-type: none"> • 3,000 children were screened for a potential developmental delay. The racial/ethnic breakdown of children screened was: 46% Hispanic, 16% White, 13% Multiracial, 13% Black. • One-on-one trainings were implemented to increase the ability for F5SJcontractors to use the Ages and Stages Questionnaire to screen for developmental delay and understand the referral process. • 13% of screened children were referred to an agency or school district. • Challenges in accessing special needs services include: <ul style="list-style-type: none"> ○ Not knowing the support/services available ○ Language barriers ○ Not wanting a referral ○ Long wait times • COVID-19 challenges with special needs services: <ul style="list-style-type: none"> ○ Educational delays with virtual learning ○ Insufficient learning supplies at home ○ Limited socialization of children ○ Staff difficulty identifying developmental delays
<p>First 5 San Joaquin – Coordination between First 5 San Joaquin’s WORKs programs</p>	<p>First 5 San Joaquin</p>	<p>https://www.sjckids.org</p>	<p>First 5 San Joaquin funds three programs that served 479 families who qualified for CalWORKs in 2019-2020.</p>	<ul style="list-style-type: none"> • FamilyWORKs, HousingWORKs, JourneyWORKs are all funded by F5SJ. • 60 families were enrolled in more than one WORKs program simultaneously. • Coordination among the programs included: staff training on eligibility, services, and requirements of WORKs programs, referral systems and communication strategies. • Limitations due to COVID-19 include: restrictions on in-person meetings and outreach events, limited informal collaboration, increased family needs. • Recommendations to strengthen collaboration among WORKs programs: <ul style="list-style-type: none"> ○ Offer more virtual programming ○ Refresher trainings for staff and contractors ○ Creative outreach strategies ○ Continue navigating COVID-19 restrictions

Faces of Resilience: Data from Post evaluations for Youth-led healing groups	Public Health Advocates	https://phadvocates.org	The Public Health Advocates evaluation of the Faces of Resilience focus groups demonstrated positive results including stress reduction and openness with peers.	<ul style="list-style-type: none"> • Results from the Healing Circle Focus Groups included: <ul style="list-style-type: none"> ○ 100% of participants would recommend a health circle to peers. ○ Most youth feel comfortable sharing emotions with close friends. ○ Beneficial in school settings (clubs, electives) ○ Stress could be alleviated through healing circles ○ Many participants and leaders describe the experience as “fun”
Perinatal Mood Disorder Listening Session Final Report and PowerPoint Presentation	Public Health Advocates	https://phadvocates.org	Findings from qualitative research (May 2021) on perinatal mental health in San Joaquin County through 4 focus groups of 25 women from priority populations.	<ul style="list-style-type: none"> • Priority populations: Black, Hispanic, Asian Pacific Islander/Southeast Asian, moms with substance abuse disorder history. • Topics covered included mental health experience, level of comfort speaking about mental health with friends or family, healthcare access and experience with mental health during and after pregnancy. • Key Takeaways from the focus groups included: <ul style="list-style-type: none"> ○ County mental health services were seen as only available for severe conditions ○ Most women would rather use services that are available through trusted community-based organizations ○ Support groups may be an approachable way to discuss mental health ○ Most focus group participants are not comfortable discussing mental health with someone they do not know • Recommendations include: <ul style="list-style-type: none"> ○ Provide culturally competent mental health services at healthcare facilities or community-based organizations ○ Create an education campaign around perinatal mental health ○ Identify community partners for perinatal telehealth services

Needs and Gaps Analysis of San Joaquin County's Health and Behavioral Health Care System for the Unhoused	University of the Pacific, Eberhardt School of Business, Center for Business and Policy Research	https://business.pacific.edu/business/centers-and-institutes/center-for-business-and-policy-research	The 2021 Needs Assessment for unhoused individuals in San Joaquin County.	<ul style="list-style-type: none"> • The 2019 Point in Time Count, found 2,969 unhoused individuals in San Joaquin County, the majority of which are male (63%) and white (65%) though there is representation from Hispanic (28%) and Black (25%) populations. • The most common ailments that unhoused residents sought emergency department care for included: skin or wound treatment, substance abuse, mental health crisis or musculoskeletal problem. • San Joaquin County has limited infrastructures for coordinated post-discharge care for the unhoused. This is due to insufficient funding, lack of a committee on mental/behavioral health and lack of technology to facilitate communication. • Recommendations for improving health outcomes for the unhoused population include: <ul style="list-style-type: none"> ○ Utilizing Integrated Information technology system for healthcare and community organizations ○ Implementing the Integrated Healthcare System Framework to facilitate coordinated care ○ Advocating for supportive housing
Healthcare Improvement in Stockton, California: Collaboration, Capacity-Building and Medicaid Expansion	The Commonwealth Fund	https://www.commonwealthfund.org/publications/case-study/2017/jul/health-care-improvement-stockton-california-collaboration-capacity	Report of San Joaquin County and Stockton increase in health ranking among 306 hospital referral regions in the United States from 156 in 2012 to 93 in 2017.	<ul style="list-style-type: none"> • Key Reasons for improvement <ul style="list-style-type: none"> ○ Local health leader's preparation and facilitation of policy, including Medicaid expansion ○ Locally governed Medicaid plan ○ Community leaders engaged in collaborative partnerships and cross-sector relationships • Black Infant Health Program and First 5 San Joaquin have encouraged breastfeeding and increased rates from 5% in 2006 to 74% in 2016, earning 3/5 Stockton maternity hospitals "baby friendly" designation. • Delta Health Care at SJC high schools improved healthcare access and prevention or management of behavioral illnesses such as substance abuse. • Local food programs improved food security through financial incentives for selling healthy food and working with local farmers to supply school lunch programs. • Federally Qualified Health Centers worked alongside San Joaquin County hospitals to provide essential healthcare access services including screenings, vaccination and behavioral health services.

<p>Estimated Employment Impacts of COVID-19 in Northern California</p>	<p>University of the Pacific, Eberhardt School of Business, Center for Business and Policy Research</p>	<p>https://www.pacificbpr.org/economic/regional/employment-impacts-of-covid-19-on-northern-california/</p>	<p>Eberhardt School of Business projections for COVID related unemployment in California, including up to 20% unemployment in San Joaquin County.</p>	<ul style="list-style-type: none"> • California unemployment rate was estimated to be 18.8% in May 2020 • Largest total loss in jobs was projected to be in Food Preparation and Serving for Merced, Modesto, and Stockton-Lodi • Largest percent loss in jobs was projected to be in Personal Care and Services for Merced, Modesto, and Stockton-Lodi
<p>Impact Assessment of Proposed Public Comprehensive University: California State Stockton (Administrative Draft)</p>	<p>University of the Pacific, Eberhardt School of Business, Center for Business and Policy Research</p>	<p>https://business.pacific.edu/business-centers-and-institutes/center-for-business-and-policy-research</p>	<p>2017 impact study on the creation of a state university in San Joaquin County.</p>	<ul style="list-style-type: none"> • San Joaquin County is ranked #15 in population for CA and the only county in the top 15 without a state university. • SJC is nearly three times farther from a CSU or UC campus than other large CA cities. • Educational indicators and college readiness have improved in San Joaquin County. • The estimated college enrollment is 25% below the expected level without a local Stockton/SJC university campus. • The estimated direct investment for creation of a CSU campus in SJC is between \$436 – 558 million and would add more than 2,000 jobs.
<p>North San Joaquin Valley: Regional Discovery Session</p>	<p>San Joaquin Council of Governments, City of Merced, The Community Foundation of San Joaquin, Stanislaus Community Foundation, University of the Pacific</p>	<p>https://www.sjcog.org</p>	<p>Proceedings from a July 2020 convening of Stanislaus, Merced and San Joaquin Counties to understand the potential benefits of a regional partnership to coordinate priorities and increase economic prosperity.</p>	<ul style="list-style-type: none"> • The 3 County Region could benefit from shared approaches due to economic similarities. • Similarities among the 3 Counties include: <ul style="list-style-type: none"> ○ Commuting patterns to the Bay Area ○ Higher population growth than Bay Area and California ○ Higher annual job growth than CA average since 2008 recession ○ Many occupations with low wages (e.g., agriculture, service industry)

Bike, Pedestrian, Safe Routes to School and Smart Growth Programs	San Joaquin Council of Governments	https://www.sjcog.org/377/Bike-Pedestrian-SRtS-Smart-Growth-Incent	The San Joaquin County Master Plan (2017-2021) increases safe and active commuting to and from school by creating safer walking and biking paths through a series of local grants called Smart Growth Incentives.	<ul style="list-style-type: none"> • Measure K program provides funding after a 2006 vote among San Joaquin voters. • Smart Growth Incentives were made available for local jurisdiction applications for: walking community projects, ameliorating roads and transit amenities, encouraging alternate forms of transportation • As of 2018, \$19.63 million were distributed to 21 projects in the San Joaquin Valley. Projects include: <ul style="list-style-type: none"> ○ Street and sidewalk improvements ○ Bike lane construction or improvements ○ Rapid Flash Beacons ○ Trail improvements
South Stockton Community Mobility Assessment	San Joaquin Council of Governments	https://www.sjcog.org/DocumentCenter/View/5437/23233_SouthStockton_Mobility_Assessment_FIN_AL-1?bidId=	Community mobility assessment (June 2020) conducted to address equity in the region through active transportation, including commuting via biking and walking.	<ul style="list-style-type: none"> • South Stockton has more residents in poverty, more residents of color, less English proficiency, more overburdened renters and more zero-vehicle households than Stockton. These factors make South Stockton residents more likely to use active transportation. • Factors important to South Stockton residents: <ul style="list-style-type: none"> ○ Personal safety and security ○ Street lighting ○ Road conditions • South Stockton barriers to safe active transportation include: <ul style="list-style-type: none"> ○ Sidewalks are uneven with tripping hazards ○ Limited crosswalks or bike lanes ○ Limited placemaking (i.e., trees, lighting, shade) ○ Heavy traffic makes active commuting less desirable or more dangerous • Recommendations: <ul style="list-style-type: none"> ○ Implement short-term solutions (bike lanes, traffic calming, encourage biking at local schools) ○ Invest in longer-term opportunities (E.g. coordinating with Caltrans and Union Pacific to facilitate pedestrian/bike crossings) ○ Improve transportation system issues (pedestrian infrastructure with sidewalks, public transit improvements)

Sustainable Communities Strategy Implementation Study	San Joaquin Council of Governments	https://www.sjcog.org/DocumentCenter/View/5436/23233_SCS_Implementation_Study_FINAL?bidId=	June 2020 study on the impacts of the 2017 Regional Transportation Plan in San Joaquin County.	<ul style="list-style-type: none"> • The Regional Transportation Plan’s (2017) Sustainability goals included: <ul style="list-style-type: none"> ○ Enhance environmental stewardship (reduce water and energy consumption, reduce greenhouse gases, improve air quality) ○ Maximize mobility and accessibility (invest in transit, create safe bike routes) ○ Preserve existing transportation system (reduce urban footprint, invest in highways) ○ Support economic goals (create jobs, support movement of goods) ○ Increase safety and security (improve road safety for cars, pedestrians and bicycles) ○ Improve public health (placemaking, streetlights) ○ Encourage active transportation ○ Ensure equity (transit accessibility, diversity of housing options) • Recommended actions for San Joaquin Council of Governments: <ul style="list-style-type: none"> ○ Educate on best practices with grant application workshops, public information sessions ○ Encourage coordination among sectors ○ Utilize understandable data and metrics ○ Fund transportation initiatives ○ Research through pilot studies, infrastructure improvements and feasibility studies
San Joaquin Council of Governments Climate Adaption & Resilience Study	San Joaquin Council of Governments	https://www.sjcog.org/DocumentCenter/View/5435/SJCOGAdaptationReport_4220?bidId=	San Joaquin County climate change and resiliency study (March 2019-2020) to establish the goal of maintaining a multi-model transportation network while allowing for redundancy in transportation systems and emergency planning.	<ul style="list-style-type: none"> • San Joaquin County's transportation system is at risk of climate change impacts including: sea level rise, river flooding, extreme precipitation, wildfire and extreme drought and heat. • Process on assessing the current vulnerability of system included: <ul style="list-style-type: none"> ○ Identifying goals ○ Identifying climate data ○ Defining planning needs ○ Selecting local assets ○ Assessing vulnerability ○ Identifying high priority areas • Recommendations for a resilient transportation system include: <ul style="list-style-type: none"> ○ Integrate climate resilience into road improvement projects ○ Clearly establish emergency and evacuation planning, especially for wildfire

<p>2019-2020 San Joaquin County Health Outcome Update & Small Area Focus Studies</p>	<p>San Joaquin Council of Governments , Urban Design 4 Health</p>	<p>https://www.sjcog.org/DocumentCenter/View/5438/1-Executive-Summary?bidId=</p>	<p>2019-2020 assessment of San Joaquin County's current environmental and public health conditions using the National Public Health Assessment Model; evaluation focused on understanding physical health effects of active transportation and case study results from the South Stockton Promise Zone.</p>	<ul style="list-style-type: none"> • Key areas of improvement for transportation and health behavior indicators (cardiovascular disease, diabetes, mental health) include: <ul style="list-style-type: none"> ○ Safety and traffic injury protection ○ Bicycle infrastructure ○ Green infrastructure ○ Physical activity • Initial evaluation shows improved health metrics for modeling studies predicting public health benefits from active commuting infrastructure. • South Stockton Promise Zone is categorized by three priority populations: <ul style="list-style-type: none"> ○ Disadvantaged communities identified through CA Environmental Protection Agency ○ Concentrated areas of people of color ○ Low-income populations • Short term recommendation: improve bicycle and sidewalk infrastructure • Medium/long term recommendation: <ul style="list-style-type: none"> ○ Develop mixed-use buildings in densely populated areas ○ Develop infrastructure to support active commuting ○ Target strategic corridors
--	---	--	---	--

Appendix G: Community Resources

The Community Resources are organized by health need and represent a sampling of organizations addressing these health needs. The list is not exhaustive; there are many other organizations in San Joaquin County providing a variety of services and programs to address the health needs.

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
Public Agencies										
San Joaquin County and City Parks and Recreation Departments	Parks and Recreation Departments develop and maintain parks/open spaces, operate facilities including aquatic centers, playgrounds, athletic fields, camps, and community centers, and provide programming that supports physical activity, youth development, relaxation and social interaction.	X		X			X			
San Joaquin County Behavioral Health Services	Provides integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of SJC residents.			X	X					
San Joaquin County Council of Governments	Joint-powers authority comprised of San Joaquin County and the cities of Stockton, Lodi, Manteca, Tracy, Ripon, Escalon, and Lathrop. Fosters intergovernmental coordination with local/regional jurisdictions, State and Federal agencies, the private sector, and community groups. Facilitates and administers regional programs, and advocates for regional/inter-regional strategies. Committees		X			X				X

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
	include transit, coordinated transportation and land use, climate, housing and economic security.									
San Joaquin County Human Services Agency	Provides State and federally-mandated public assistance and a variety of social service programs for SJC residents. Programs include: California Work Opportunity and Responsibility to Kids (CalWORKs), Foster Care, CalFresh, General Assistance, Medi-Cal, Adoptions, Child Protective Services, Adult Protective Services, In-Home Supportive Services (IHSS), Refugee Assistance, and the Mary Graham Children's Shelter.	X	X	X	X		X		X	
San Joaquin County Public Health Services	In partnership with the community, protects, promotes and improves health and well-being for all who live, work, and play in San Joaquin County. Programs and services include chronic disease prevention, nutrition and physical activity, family health, tobacco control, and environmental health.	X			X		X		X	
Mental/Behavioral Health/Substance Abuse Recovery										
Aegis Medical Systems, Inc.	Offers outpatient substance abuse treatment including detoxification, methadone maintenance, and methadone detoxification.			X						
Community Medical Centers -- Recovery Center	Provides medical and behavioral assessment, sobering and treatment to individuals struggling with mental health and substance use issues.			X						

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
National Alliance on Mental Illness, San Joaquin County	Raises community awareness of mental illness and provides support groups and a HelpLine to persons with mental illness and their families and friends, education and training, and advocacy.			X						
St. Joseph's Behavioral Health Center	Provides behavioral evaluations, mental/behavioral health screening, inpatient and day treatment programs, outpatient services, chemical recovery programs and referrals to community resources.			X	X					
The Wellness Center of San Joaquin County	Peer support program for people with or without a mental health diagnosis run by and for individuals with mental health challenges. Offers support groups, classes, meditation classes, one-on-one peer coaching, and substance abuse recovery groups.			X						
Housing and Homelessness										
Affordable Housing Programs (e.g. Mercy Housing, Eden Housing, Valle Del Sol, Housing Authority County of San Joaquin, STAND, Visionary Homebuilders, Central Valley Low Income Housing Corp.)	Provide housing for low income residents through subsidized housing and rental assistance, or affordable housing units.		X			X			X	
Grace and Mercy, Lodi Area	Offers a safety net to persons in need and the homeless by providing dry goods, refrigerated storage, clothing for job seekers, haircuts, a soup kitchen, and shelter from severe weather.	X	X							

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
Homeless Services (e.g. St. Mary's Dining Room, St. Anne's Place: Women's Center Youth and Family Services, Stockton Shelter for the Homeless, Hope Harbor Family Shelter, Coalition of Tracy Citizens to Assist the Homeless, Gospel Center Rescue Mission, McHenry House Tracy Family Shelter, Tracy Community Connections Center, Tracy Interfaith Ministries)	Provide meals, health care, clothing, hygiene services, shelter and social services to homeless and working poor individuals and families.	X	X	X	X	X			X	
Homelessness Prevention - Rapid Re-Housing	Federally funded program providing short-term, one-time rental and/or deposit assistance to qualifying households that meet all federal and local eligibility requirements.					X				
San Joaquin Continuum of Care	Provides information, resources, and leadership on evidence-based methods to end homelessness in San Joaquin County utilizing the "Continuum of Care" program developed by U.S. HUD.			X		X				
Health Care										
COVID-19 general information, diagnostic testing and vaccination information/events	A variety of resources (SJCRReady.com, Myturn.ca.gov, etc.) providing information on COVID-19 symptoms and care services, prevention, current policies, and accessing vaccinations and booster shots.				X					

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
Federally Qualified Health Centers (e.g. Community Medical Centers, Inc., San Joaquin Community Clinics, Golden Valley Health Centers)	Outpatient clinics providing health services to low income, underinsured and high need populations.	X		X	X		X			
Hospitals/medical centers (e.g. San Joaquin General, Sutter Tracy Community Hospital, Kaiser Permanente Manteca, Adventist Health Lodi Memorial and Dameron Hospital, Dignity Health St. Joseph's Medical Center)	Multiple facilities dedicated to comprehensive outpatient and inpatient services including primary care and specialty care.	X		X	X					
Education										
Higher Education (San Joaquin Delta College, University of the Pacific, Humphries University, Cal State University Stanislaus, Stockton Center)	Provide post-secondary educational opportunities and student services to build skills and enhance economic security.		X					X		
Manteca Give Every Child a Chance	Provides tutoring/homework assistance, science and technology programs, and healthy eating/active living opportunities for low-income students.	X						X		

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
San Joaquin County School Districts (Fourteen including Lodi Unified School District, Manteca Unified School District, Stockton Unified School District, and Tracy Joint Unified School District)	The County's 14 school districts promote a well-rounded education and ensure students have the knowledge/skills necessary for future success. The school districts set policy and performance standards, ensure compliance with laws/regulations, monitor finances, select curricula, and oversee intervention and support services (such as counseling and free and reduced price meals) for students and families.	X		X	X			X	X	
San Joaquin County Office of Education - Healthy Kids Resource Center	Supports education of more than 145,000 students enrolled in 14 school districts in the county. The HKRC provides access to educational resources, including health promotion resources, that can be borrowed at no cost.	X		X	X			X	X	
Community, Families, and Children's Supports										
Amelia Ann Adams Whole Life Center	Empowers women, men and children by providing supportive services, resources, and other tools that create opportunities for individuals and families to overcome their current obstacles.	X	X	X			X		X	
Catholic Charities of the Diocese of Stockton	Provides direct social services and advocacy for adults, families and children including: programs for the elderly; a food bank in Stockton; supports for immigrants including family reunification, citizenship application and education; health insurance enrollment, short-term counseling services; youth engagement; Cal Fresh application assistance and environmental justice promotion.	X	X	X	X			X	X	

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
Child Abuse Prevention Council of San Joaquin County	Protects children and strengthens families through awareness and outcome driven programs including childcare, family supports and clinical services, delivered with compassion.			X	X				X	
Community Partnership for Families of San Joaquin	Provides tools, resources, and connections to help families improve their quality of life. Operates Family Resource Centers to build strong, resourceful and financially sufficient families.		X	X					X	
Family Resource and Referral Center	Clearinghouse for information on child care services, parenting, nutrition, and child safety. Provides child care referrals and administers child care and nutritional resources. Conducts workshops on effective practices of child rearing, child care, and child safety.	X		X	X		X		X	
First 5 San Joaquin County	Provides financial support for health, preschool and literacy programs, and fosters the active participation of parents, caregivers, educators and community members in the lives of young children, prenatal to five years old.	X		X	X			X	X	
Cultural/Ethnic/LGBTQI Communities										
Asian Pacific Self Development and Residential Association	Provides a residential facility to over 200 Cambodian families as well as social services (including nutrition education, after school, mercury reduction, and recreational programs among others.)	X		X	X	X			X	
El Concilio	Empowers diverse communities to realize their greatest potential through comprehensive and		X	X	X			X	X	

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
	compassionate programs and services that provide outreach, education, counseling, job training, classes, and awareness building of community resources and personal strengths and abilities.									
Lao Family Community Empowerment Center	Provides direct service and advocacy programs to support individuals and families, and community engagement and outreach services on behalf of other agencies wanting to reach the Southeast Asian community. Preserves cultural traditions.		X	X					X	
Little Manila Rising	Provides education and leadership development opportunities to preserve and revitalize the Filipino American community. Offers holistic, culturally rooted community healing and after school, environmental justice, martial arts, dance and other programming. Conducts social justice advocacy.	X	X	X			X	X	X	
San Joaquin Pride Center	Serves the LGBTQ community by creating a safe and welcoming space, providing resources that enrich body, mind and spirit, and by educating the public on tolerance and respect for all people within the LGBTQ community.			X	X		X			
Youth Services										
The One Eighty	Safe place for teens for mentoring, relationship building, and support systems that promote positive youth development through meaningful activities, adolescent counseling, gang prevention, and life skills programs.	X	X	X			X	X	X	

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
Boys and Girls Clubs (Tracy, Manteca, Lodi, Stockton)	Enable young people, especially those with high needs, to reach their full potential as productive, caring, responsible community members. Provide afterschool, academic and health programs, and character and leadership development opportunities for youth.	X	X	X			X		X	
Lord's Gym City Center	Provides a safe and fun environment for youth to build their confidence, form friendships, engage in physical activity and games, and further their educations.	X		X			X	X	X	
Women's Center - Youth and Family Services	Offers a safe haven and place of healing for vulnerable populations in the community. Provides free, confidential services and shelters designed to meet the needs of homeless and runaway youth and victims of domestic violence, sexual assault and human trafficking.			X	X	X	X		X	
YMCA of San Joaquin County	Builds youth social skills and relationships and improves health and educational achievement through programs such as youth sports, camp, aquatics, and high school enrichment.	X		X			X	X		
Food Security										
Emergency Food Bank of Stockton/San Joaquin	Families and individuals in need of emergency food assistance can visit the Emergency Food Bank's on-site food pantry. Other programs include: Mobile Farmer's Market, Nutrition on the	X	X					X		

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
	Move Education Classes, CalFresh outreach, Partner Pantries, and job training.									
Women, Infant and Children's Program (WIC), Supplemental Nutrition Program, Tracy, Stockton, Lodi, Manteca	Offers food vouchers, nutrition education and counseling, and health care referrals to low-income pregnant or postpartum women, infants and children up to age 5.	X			X			X		
Older Adult Services										
Senior Centers in San Joaquin County, e.g. LOEL Senior Center (Lodi), Lolly Hansen Senior Center (Tracy), Manteca Senior Center, Oak Park Senior Citizens Center (Stockton), Stockton PACE Center, City Parks and Recreation Departments	Multi-purpose senior centers serve adults age 50 and above with a variety of programs to encourage social interaction, promote healthy eating and physical activity, and contribute to overall healthy aging.	X		X						
Employment and Economic Assistance										
Energy Assistance Programs (e.g. HEAP, REACH, PG & E)	Assist low income residents with paying utility bills.		X							
San Joaquin County WorkNet	Offers programs specifically designed for individuals seeking employment. At the Lodi and Stockton WorkNet Centers, orientations provide information about training, EDD services, and re-employment supports.		X							
Oral Health										

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
Child Health and Disability Prevention Program, San Joaquin County Public Health Services	Provides health assessments for early detection and prevention of disease and disabilities in children and youth including dental screenings. Assists families with finding dentists.	X		X	X			X		
San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH) Collaborative	Coalition composed of First 5 San Joaquin, San Joaquin County Public Health Services, dentists, nonprofit organizations, and other partners working together to prevent and treat oral diseases in children, increase awareness of the importance of dental health to overall health, and increase access to dental services.	X			X					
St. Raphael's Free Dental Clinic	Community-based dental center that provides free dental services and information/education on dental health and prevention for low-income people.				X					
Stockton Unified School-based Dental Program	Provides dental clinics at numerous school sites to students with or without insurance.				X					
Active Transportation										
Restore the Delta	Provides public education and outreach to raise awareness of the Sacramento-San Joaquin Delta as a valuable part of the natural environment. Fights for fishable, farmable, swimmable, and drinkable Delta waters. Advocates for water sustainability policies.	X								

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
San Joaquin Bike Coalition	Advocates for bicycle safety, holds bicycle related events and serves as a hub for the advancement of bicycles in the community. Works with local government to implement bicycle lanes and provides resources for motorists and cyclists.	X					X			X
UC Cooperative Extension of San Joaquin County	Bridges local issues and UC research. Campus-based specialists and county-based farm, home and youth advisors work as teams to bring practical, unbiased, science-based answers to problems. Advocates for healthy communities, promotes nutritious foods and exercise for better health, and provides the 4-H Youth Development Program.	X		X						
Other										
2-1-1 San Joaquin	An online and phone database for referrals to health and social services. Available 24 hours a day, 7 days a week with assistance provided in over 200 languages.	X	X	X	X	X	X	X	X	X
California Human Development, San Joaquin County	Provides job training, affordable housing support, disabilities services, substance abuse treatment/sober living, and immigration and citizenship resources. The headquarters are located in Lodi.	X	X	X		X			X	
Disability Resource Agency for Independent Living (DRAIL)	Increases the independence of persons with disabilities through services such as housing and personal assistant referral, peer counseling,	X	X	X	X	X			X	

Assets/Resources	Description	Chronic Disease/HEAL	Income and Employment	Mental/Behavioral Health	Access to Care	Housing	Community Safety	Education	Family and Social Support	Transportation
	benefits advising, independent living skills training, and advocacy.									
LOVE, Inc. Manteca	Provides social services through faith-based organizations/churches. Supports ministries to respond to communities' unmet needs including food, clothing, furniture, bicycles, transportation to medical appointments, and prescription assistance.	X	X	X	X				X	X
Public Health Advocates, Stockton Office	Helps neighborhoods and schools become places that nurture wellness by creating equitable physical, social, and economic conditions for health. The REACH project promotes healthy eating/physical activity and expanded access to healthy foods in neighborhoods and organizations serving Stockton's African-American residents. Engages residents in working with city leaders to update the City of Stockton General Plan.	X		X						



2022 CHNA Approval

This community health needs assessment was adopted on October 20th, 2022, by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31st, 2022.

To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at <https://www.adventisthealth.org/about-us/community-benefit> or contact us at community.benefit@ah.org